Michael Bosso

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

O2-RC-212606

DO NOT WRITE IN THIS SPACE

12606 Date Filed March 15, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Charter Communications - NY 1 75 9th Ave, New York, NY 10011 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Patrick Butler, Esq. - Kauff, McGuire & Margolis 950 Third Avenue, 14th Floor, New York, NY 10022 3f. E-Mail Address (212) 909-0714 (212) 909-3514 butler@kmm.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Television Station Broadcasting New York, NY 5b. Description of Unit Involved 6a, No. of Employees in Unit: All full-time, regular partisine, and per dem broadcast engineers and technicians employed by the employer in its Tochsical Operations Department, including, but not limited to engineers a feebnicians amployed in little and the employer in its Tochsical Check Broadcast Engineers. Top of Ultradians, Master Control Operations Checked Programming Operations Operations, Truck Operations/Photographers, and System Engineers, as well as Video Ections, and Videographers in the employer's Local News Centent Department 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, casual employees, clerical and office workers, guards, professional employees, and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 12/27/2017 __ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d, Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c, Election Time(s): 11d. Election Location(s): January 31, 2018 11:30-1:30 p.m.; 3:30-5:30 p.m.; 7:00-9:00 p.m. Break Room of NY1, 75 9th Ave., 8th Floor, New York, NY 10011 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Ralph Avigliano - Business Manager, IBEW Local 1212 225 West 34th Street, New York, NY 10122 12c. Full name of national or international labor organization of which Patitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers 12d Tel No 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 212 354-6770 917 991-0011 ro@ibew1212.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Michael Bosso, Esq. - Attorney 13b. Address (street and number, city, state, and ZIP code) 100 Crossways Park Drive West, Suite 200, Woodbury, New York 11797 13c, Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 516-248-5757 516-313-1757 516-742-1765 mdb@cohmlaw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

January 8, 2018

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attorney

FORM NLRB-502 (RC) (4-15)

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	
Case No.	02-RC-212650	Date Filed 1:/8/1

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RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-C bemaining by Petitioner and Petitioner	ERTIFICATION O	employer of	any other party.			
professional plantation and a supplier	addition to be cord	fied as represen	ntative of the employees. The	Petitioner alleges that	the followin	ig circumstances exist and
requests that the National Labor Re 2a. Name of Employer	lations Board pro	ceed under Its	proper authority pursuant to Address(es) of Establishmen	to Section 9 of the Natio	nal Labor R	Relations Act.
Universal Cable Productions LLC			Rockefeller Plaza, Ne	w York, NY 10112-		y, sisie, zip aucej
3a. Employer Representative – Name a	nd Title		3b. Address (If same a	ia 2b – steta sama)		*
J. Keith Gorham			(same)			
3c, Tel. No. 818-777-2262	3d. Cell No.		3e. Fax No.	17 12 53	t. E-Mail Add	tress m@nbcuni.com
4a. Type of Establishment (Factory, mine	, wholesaler, etc.)	4b. Principal	product or service		Sa, City	and State where unit is located:
Film & TV Production Studio	2 14.7C 25.2 VIIA 22.74-80-3011050	Film & TV			New Y	ork, NY
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All Parking Produ	uction Assis	stants in	New York City.			approx. 170 6b. Do a substantial number (30%
Excluded: All others, including sup				loyees, as defined by	the Act.	or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
7b. Peditioner le	2017 (Date) currently recognize	(If no raply reco	g Representative and desires			
(none)	I AJ C-II N-		To- Could			
θα. Tel No.	8d Cell No.		Se. Fax No.	В	. E-Mail Add	lrėss
8g. Affiliation, if any			8h. Date of Recognition of	or Certification 8i	. Expiration ontract, if an	Date of Current or Most Recent by (Month, Day, Year)
9. (a there now a strike or picketing at the (Name of labor organization) 10. Organizations or Individuals other that known to have a representative interest in	Petitioner and the	, has	picketed the Employer since ((Month, Day, Year)		
10a. Name	10b. Ac	dress		10c. Tel. No.		10d, Cell No.
	1			(Ten out to.
				10s. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conduction. 	an election in th	is matter, state	your position with respect to	11a. Election Type:	Manual [Ma[Mixed Manual/Mail
11b. Election Date(s):	11c. E	ection Time(s):	(7.00	11d. Election Location	(2);	
01/23/2018	9am to			Broadway Stage, Long		
12a. Full Name of Petitioner (Including Communications Workers of America	local name and n	umber)		12b. Address (street a 80 Pine Street, 37th F		city, state, and ZiP code)
12c. Full name of national or International (same - International union is the petition		of which Petitio	ner is an affiliate or constituer	nt (if none, so state)		= 4
12d, Tel No.	12e. Cell No.		12f. Fax No.	12	g, E-Mall Ad	ddress
212-344-2515			212-425-2947			
13a. Name and Title Nick Hanlo				sentation proceeding, ad number, city, state, and	I ZIP code)	
13c, Tel No. 212-344-2515	13d. Cell No.		13e. Fax No. 212-425-2947		H. E-Mail Ad	
I declare that I have read the above pet	tion and that the	statements are			anlon@cwa	Patriornorg
	Signature		Title		Date	
Nick Hanlon	120/2	feel-	District Counsel		01/08/2017	

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

JAN 0 8 2018

BY:..

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE					
Case No.	02-RC-213029	Date Filed	1/11/18		

RC PE	TITION	Case No.	02-RC-2130	29	1/11/18	
instructions: Unless e-Filed us in which the employer concerned	ising the Agency's website, was it is located. The petition mus	it be accompanied by	both a showing o	of Interest (s	ee 6b below) and a certificate	
of service showing service on the (Form NLRB-505); and (3) Descrip with the NLRB and should not be	otion of Representation Case	Procedures (Form NL				
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Re-	ERTIFICATION OF REPRESENTAT desires to be certified as represental lations Board proceed under its pr	ITVE - A substantisl number five of the employees. The oper authority pursuant t	Petitioner alleges to Section 9 of the N	hat the following tional Labor I	ng circumstances exist and Relations Act.	
Rosalyn Yalow Charter S		East 169th Stre				
Alec H. Diacou, Founder	and Executive Direct	c 116 East 1696	h Street, Bro	nx, New	York 10452	
(347) 735-5480	3d. Cell No.	3e. Fax No.			cou@yalowcharter.org	
Charter School					and State where unit is located: X, NOW YORK	
5b. Description of Unit Involved Included: All teachers, included:	uding classroom teacl	hers, special ed	ucation teacl	ners,	33 No. of Employees In Unit:	
teacher-social we excluded: All other employe	orkers, ELL and ENL	teachers, and al	i teacher ass	sistants.	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes / No	
Delliserate	recognition as Bargaining Represent Y (Date) (If no reply receive currently recognized as Bargaining F				cimed recognition on or about	
None of Recognized or Certified Ba	rgaining Agent (If none, so state).	8b. Address	versited on their th	700		
8c. Tel No.	8d Ges No.	Se. Fex No.		8f, E-Wall Add	dress	
Bg. Affiliation, if any		8h. Date of Recognition of	r Certification		Date of Current or Most Recent ny (Month, Day, Year)	
Is there now a strike or picketing at the (Name of labor organization)		1? NO If so, approx keted the Employer since (Action of the property of the	nployeas are pr	articlesting?	
Organizations or individuals other than appropriate to have a representative interest in NOTICE.	Battle and a data and	6 - 15 U.S.L 11		resentatives an	d other organizations and individuals	
10a. Name	10b. Address		10c. Tel. No.		10d. Cell No.	
			10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conductions any such election. 	ts an election in this matter, state you	ur position with respect to	11a. Election Type	/ Mamual	Mail Mbæd Manual/Mail	
1/24/18 Date(s):	12-Election Time(s):		Hosaryn Ya	Hosaiyn Yalow Charter School		
United Federation of Fea	chers, Locarz, AFT, A	FL-CIO	52 Broadwa	ly, News	/87K, NEW YORK 10004	
American Federation of	eacher, AFL-CTO	r is an affiliate or constituer	nt (il none, so state)			
212-777-7500	12e. Cell No.	12f. Fax No.		12g. E-Mail A	doress	
13. Representative of the Petitioner who 13a. Name and Title Jennifer A. I		The second secon	and the same to have a second		New York 10004	
212-533-6300, ext. 131	13d. Cell No.	212-228-9253		jhogane	hysutmail.org	
I declare that I have read the above peti			dedge and belief.			
Jennier A. Hogan	ignature AM -	Attorney	1	and the second second	ry 11, 2018	
WILLFUL FALSE STATEM		PUNISHED BY FINE AND VACY ACT STATEMENT	IMPRISONMENT (U.	S. CODE, TITL	E 18, SECTION 1001)	

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA). 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or httgation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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BY:

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No RC-213180	Date filed 18/18			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Felitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 960 Intervale Avenue, Bronx, NY 10459 Brightside Academy 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Shakira Stackhousen, Director Same 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 3d. Cell No. 718-991-5465 718-991-5472 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Day Care Child care Bronx, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All part-time and full-time Lead Teachers, Teachers Assistants, cooks, janitors, family advocates/ 6b. Do a substantial number (30% or more) of the employees in the Excluded: All supervisors, security guards, and confidential employees as specified by the Act. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 1/15/2018 and Employer declined recognition on or about Check One: 1/15/2018 (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8f. E-Mail Address 8c. Tel No 8d Cell No. 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 9 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in items 1 above. (If none, so state) NONE 10b. Address N 1 8 2018 10a. Name 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter state your possion will respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): The State of the state of 11d. Election Location(s): January 24, 2018 12:30-1:30pm Room 6A, 3, or 10 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) District Council 1707, AFSCME 420 W 45th Street, New York, NY 10036 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of State, County & Municipal Employees 12d, Tel No. 12g. E-Mail Address 212-219-0022 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Thomas M. Murray 13b. Address (street and number, city, state, and ZIP code) 900 Third Avenue, 21st Floor, New York, NY 10022 13d. Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address 212-356-0225 646-734-8447 646-473-8290 tmurray@cwsny.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. SIND Name (Print) Title Dale Thomas M. Murray Counsel 1/17/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT . NATIONAL LABOR RELATIONS BOARD

	OO NOT WRITE IN THIS SPACE	
Case No.	Date Filed	
.02-RC-21328	4 1-19-18	

RC	PETITION		RC-213284		1-19-18	
INSTRUCTIONS: Unless e-Fil	ed using the Agency's w					gion
in which the employer conce	rned is located. The peti	tion must be accompanied b	y both a showing	of interest (se	e 6b below) and a certifi	
of service showing service of	n the employer and all of	her parties named in the pet	ition of: (1) the pe	tition; (2) State	ement of Position form	
(Form NLRB-505); and (3) De.			NLRB 4812). The	showing of Int	erest should only be file	ď
1. PURPOSE OF THIS PETITION:	t be served on the emplo	yer or any other party.	See of ample was wish	T- V	for a leading of hall added	-
bargaining by Petitioner and Petiti	oner desires to be certified as	representative of the employees. T	he Petitioner alleges	that the following	o circumstances exist and	
requests that the National Labo 2a. Name of Employer	r Relations Board proceed u	2b. Address(es) of Establishm	to Section 9 of the	National Labor R	elations Act.	-
ACURA OF WESTCHEST	ER	2155 PALMER AVEN				
3a. Employer Representative - Na	me and Title	CANADA CA	as 2b - state same)		The second secon	-
George D'Angelo, Owner /	Andread and the second	same	manager (AA)	W. Phys. (1)		
3c. Tel. No. 914-834-2112	3d, Cell No.	3e. Fax No.	STATE OF STA	3f. E-Mail Add	ress	
4a. Type of Establishment (Factory, I	mine wholeseler etc.) 1 4h l	914-833-2499 Principal product or service	0	59 Cily	and State where unit is locate	d.
AUTO DEALERSHIP		O SALES AND SERVIC	E		HMONT, NEW YORK	
5b. Description of Unit Involved		· · · · · · · · · · · · · · · · · · ·			6a. No. of Employees In Uni	
Included: All regular full	time and regular p	part-time service tech	inicians.	3	17	
Evoluded: All		4 3 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			or more) of the employees in	
Excluded: All other employees, as definged in the Ac	including, but not limited to	Parts department, sales office	r, clerical, guards ar	d supervisors	unit wish to be represented	by the
		Personalation was made as (Date	-		Petitioner? Yes V No	
Check One: 7a: Reques		Representative was made on (Date eply received, so state).	,	and Employer dec	sined recognition on or about	
7b. Petition		argaining Representative and desir	es certification under t	he Act.		
8a. Name of Recognized or Certifie	d Bargaining Agent (If none,	so state). 8b. Address	3			4
8c. Tel No.	8d Cell No.	Be. Fax No.		8/. E-Mail Add	ress	
	t the Monta of					
8g. Affiliation, if any		8h. Date of Recognition	n or Certification		Date of Current or Most Recer	nt
4				Contract, ii an	y (Month, Day, Year)	-77
9. Is there now a strike or picketing a	the Employer's establishment	(s) involved? NO If so, app	roximately how many	employees are pa	irticipaling?	17
(Name of labor organization)	A STATE OF THE STA	_, has picketed the Employer sinc	e (Month, Day, Year)		2 2 10	ZC
10. Organizations or individuals other				presentatives an	d other organizations and indi	viduals
known to have a representative inter- vone	est in any employees in the uni	t described in item 5b above. (If no	ine, so state)		0 0	, W.
10a. Name	10b. Address		10c. Tel. No.		1 100, CRIUNO	
					1	3 (
	1		10e. Fax No.	1 25 5 71 5	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts an election in this matt	er, state your position with respect I	0 11s. Election Typ	e C Manual C	Meil Mixed Menual/	Mail
any such election. 11b. Election Date(s):	11c. Election	Time(s):	11d. Election Loc			
Vednesday, February 7, 2018	11:45 a.m. to	12:45 p.m.	Locker room	anon(s).		
12a. Full Name of Petitioner (Included	ding local name and number,		1.00 00 0		city, state, and ZIP code)	
Inited Service Workers Union 12c. Full name of national or internal		h Petitioner is an affiliate or constitu	The same of the sa	Boulevard, Bria	arwood, NY 11435	-
nternational Union of Journeyme		ar remotiating an annian of Conduct	sent (il none, so state)	To the same of the same of		
12d. Tel No.	12e. Cell No.	12f. Fex No.		12g. E-Mail A		
18-658-4848 13. Representative of the Petitione	r who will accept service of	718-523-4732	recentation proceed	dippolitoN@i	ujat.org	-
	A CONTRACTOR OF THE CONTRACTOR OF PROPERTY OF THE PROPERTY OF	Character and the control of the second	and number, city, state			
13a. Name and Title Gary P.	Rouman, Esq.	Rothman Rocco LeRuffe	LLP, 3 West Main St., Si		10523	
13c. Tel No.	13d. Cell No.	13e. Fax No.		13f. E-Mail Ad		
14-478-2801. I declare that I have read the above	cellion and that the statem	914-478-2913	nowledge and heliat	1grotnman@rd	othmanrocco.com	
Name (Print)	Bignature	Title		Date		-
Gary P. Rothman	1x xen look	Altorney for Local 355, Ul		January 1		
WILLFUL FALSE STA	TEMENTS ON THIS PETITIO	N CAN BE PUNISHED BY FINE A	ND IMPRISONMENT			110.7

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB with further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

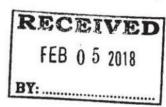
UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE					
Cese No.	02-RC-214273	Date Filed	2/5/18		

1101 1	1111011					
INSTRUCTIONS: Unless e-Filed us	ing the Agend	y's website, <u>w</u>	ww.nirb.gov, submit	an original of this	Petition to	an NLRB office in the Region
In which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case	Procedures (Form NL	RB 4812). The s	howing of in	lerest should only be filed
with the NLRB and should not be s	served on the	employer or al	ny other party.			
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relations	esires to be certifi	ied as representat	ive of the employees. Tho	Petitioner alleges ti	hat the followin	g circumstances exist and
2a. Name of Employer	nono aouna pro-	2b. A	ddress(es) of Establishmer	nt(s) involved (Street:	end number, di	
Grand Central Partnershi	р	12:	2 E 42nd street	New York N.	Y. 10168	
3a. Employer Representative - Name and Rochelle Patricof	Title		3b. Address (If same a	s 2b – state same)		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress
212-883-2422					rpatricof@	gcpbid.org
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro	oduct or service		-	end State where unit is located:
Grand Central Bid		Security			New Y	ork, N.Y.
6b. Description of Unit Involved Included: All full-time regula	ar and par		lar officers.			6a. No. of Employees in Unit: 30
Excluded: All other employe	100	1200				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
Check One: 7a. Request for re	coonition as Baro	airing Represent	ative was made on (Date)	N/A an	d Employer ded	lined recognition on or about
H —	(Date)	(If no reply receive				
Ba. Name of Recognized or Certified Barg			8b. Address			
Security, Police and Fire Pr	rofessional	of America	75 E Ch	erry street, s	uite 8A Ra	ahway, N.J. 07065
8c. Tel No. 215-879-1832	8d Cell No. 215-519	-0298	8e. Fax No.		8f. E-Mail Add willie-jones@co	ress meast.net spipa.o rg
8g. Affiliation, if any			8h, Date of Recognition o	or Certification 81. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 30, 2018		
9. Is there now a strike or picketing at the E	molover's establis	hment(s) Involved	? No If so approx	dmately how many en	-	
(Name of labor organization)			keted the Employer since (
Organizations or Individuals other than F known to have a representative Interest in a					resentatives and	d other organizations and individuals
10a, Name	10b. Add	iress		10c. Tel. No.	***************************************	10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	en election in this	s matter, state you	r position with respect to	11a, Election Type	X Manual	Mail Mixed Manual/Mail
11b. Election Date(s): February 22,2018		ection Time(s): n-4pm		11d. Election Local	lon(s):	
12a. Full Name of Petitloner (including lo	cal name and nu	mber)		12b. Address (stree	el and number, e	ity, state, and ZIP code)
Special and Superior Officers Ber	evolent Asso	ciation			lwood Avenu	e Lindenhurst, NY 11757
12c. Full name of national or international la	bor organization of	of which Petitioner	Is an affiliate or constituen	t (if none, so state)		
Special and Superior Officers Ber		ciation	T			
12d. Tel No.	12e. Cell No.	45	12f. Fax No. 631-587-3780	1	12g. E-Mail Ad Arturo@ss	
631-587-9116 13. Representative of the Petitioner who	917-636-28	ra of all nanore fo		infroecom rolletno		oba.com
	mi decept dervi	oo or on puporo r	13b, Address (street and			
13a. Name and Title Arturo Urena / Organizer						
Arturo Urena / Organizer 199 North Wellwood Lindenhurst, NY 11757 130, Tel No. 13d, Cell No. 13d, E-Mail Address				dress		
631-587-9116	917-636-28	45	631-587-3780		Arturo@ssc	
I declare that I have read the above petitle	on and that the s	tatements are tre		dedge and bellot.		
	nature .	10	Title		Date	0 1010.10
Arturo Urena	attu	() Alla	Organizer			2/5/2017
WILLFUL FALSE STATEMEN		TITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U.	S. CODE, TITLE	E 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to essist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, feiture to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-214453	2-8-18				

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 456 West 19th St Condominium LLC 456 West 19th, New York, NY 10011 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 629 FIFTH AVE. SUITE 216, PELHAM, NY 10803 Nancy Candelario 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3a. Fax No. 914-365-2350 nancy@nmcmanagement.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Residential building New York, NY 10011 **Building services** 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: all building service workers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the statutory supervisors and guards Pelitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about 1111 (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address m None 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8e. Fax No. 111 8i. Expiration Date of Current or Most F 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Menth, Day Year) m 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail: Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3/01/18 3:30 pm - 4:30 pm ocker Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU LOCAL 32BJ 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 212 388-3800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Melo Vasquez, Organizer 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d, Cell No. 13e, Fax No. 13f. E-Mail Address 917-622-2221 cvasquez@seiu32bj.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Melo Vasquez Organizer 02/02/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. Date Filed 2/13/18

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 77 Reade Street Condominium 77 Reade Street, New York, NY, 10007 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Midboro Management 333 7th Avenue, 5th Floor, New York, NY 10001 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 216 212-877-8500 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Building services** Residential building New York, NY 10013 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All building service workers 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Statutory guards and supervisors, including superintendents Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8d Cell No. 8c. Tel No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Nearest Friday 2:45pm-3:45pm Locker room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) IT SEIU LOCAL 32BJ 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 3 212 388-3800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 0 W 13a. Name and Title Katchen Locke, Attorney 13b. Address (street and number, city, state, and ZIP code) الت 25 W. 18th Street, New York, NY, 10011 13d. Cell No. 13f. E-Mail Address 13c. Tel No. 13e. Fax No. 5 212 539 2941 Klocke@seiu32bj.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. -Name (Print) Signature Date WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) Katchen Locke

PRIVACY ACT STATEMENT

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12d. Tel No.

Name (Print)

UNITED STATES GOVERNMENT ATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
02-RC-214702	2-12-18			

AHONAL	LABOR	RELAI	IONS	BOAL
RC	PE	TIT	10	N

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employe 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 736 Allerton Avenue, Ste. 207 Bronx NY 10467 Besure Health Services Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Valerie Henry Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f F-Mail Address 718-708-7977 718-708-7959 valeriehenry@besurehomehealth.com 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Home Care Provider Health Care Bronx NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 100 Included: See attachment 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10a. Name 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): March 5, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 330 West 42nd street, 15th Floor New York, NY 10036 1199SEIU United Healthcare Workers East 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union

Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

 Name and Title Onika Shepherd-Bernabe - Vice President
 Shepherd-Bernabe - Vice President

13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 212-603-1700 646-996-5463 212-603-1773 onikas@1199.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

12e, Cell No.

Onika Shepherd Vice President February 12, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

12f. Fax No.

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FEB 1 2 2018

12g. E-Mail Address

Attachment to Petition

Included:

All Full and regular part-time employees home health aides employed by the employer at 736 Allerton Avenue Bronx, NY 10467.

Excluded:

All other employees, supervisors and guards as defined in the act.



NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE NATIONAL LABOR RELATIONS BOARD Date Filed RC PETITION 02-RC-214833 2-13-18 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of Interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed With the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) sone 3a. Employer Repri Same as above. Mary 3f. E-Mail Address 5s. City and State where unit is located: wholesaler, etc.) 80 Employees in 6b. Do a substantial number (30% drivers tation, or more) of the employees in the unit wish to be represented by the Petitioner? Yes No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act, Ba. Name of Recognized or Certifled Bargaining Agent (If none, so state). 8b. Address None 8f, E-Mall Address 8c. Tel No. 8d Coll No. Se. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, If any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10f F-Mail Address 10c. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail any such election. 11c. Election Time(s) 11d. Election Location(s): Election Date(s a. Full Name of Politioner (Including local name and number) rivate Room ne 12b. Address (s. 84 Bus).

12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state, 12b. Address (street and number, city, 84 Bus, ness Por K ARMONKA Suite 202 12d. Tel No.

914-948-3771 631-559-5045 914-948-3361

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation pro 12g. E-Mail Address Sanzalez 430 ihew 13b. Address (street and number, city, state, and ZIP code) 13a Name and Title 13e, Fax No. 13c. Yel No 914-946-3771 631-559-5045 914-948-3361 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signafure CAN BEPUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or fitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE		
Case No.	02-RC-216436	Date Filed	3/13/18

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INSTRUCTIONS: Unless e-i	Filed using the Agenc	y's website, v	www.nlrb.gov, submit	an original of this	Petition to	an NLRB office in the R	egion
in which the employer con-	cemed is located. Th	e petition mus	st be accompanied by	both a showing or	interest (se	ee 6b below) and a certi	ificate
of service showing service	on the employer and	all other part	ies named in the petit	ion of: (1) the petit	on; (2) Stat	ement of Position form	
(Form NLRB-505); and (3) L	Description of Represe	entation Case	Procedures (Form N	LRB 4812). The sh	owing of in	terest should only be fi	led
with the NLRB and should	not be served on the	employer or a	my other party.				
PURPOSE OF THIS PETITION bargaining by Petitioner and Perequests that the National La	titioner desires to be certifi	ed às representa	tive of the employees. The	Petitioner alleges tha	t the followin	ig circumstances exist and	
2a. Name of Employer	DOI REIBUDIIA DOBIO PIOC	2b. /	Address(es) of Establishme	it(a) involved (Street ar	d number, city	y, State, ZIP code)	
Castle Hill Electrical Supply	y Corp.		0 Westchester Ave, E		4 32300000000000000000000000000000000000		
3a. Employer Representative - N Mike Rizzo, President/CEC			3b. Address (If same a	s 2b – state same)			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	Ireas	
718-822-6400	Unknown		718-824-9214	1	nr@castlel	hillelectrical.com	
4a. Type of Establishment (Factor) Wholesaler	y, mine, wholesaler, etc.)	4b. Principal pr Electrical Su	roduct or service applies		Bronx,	and State where unit is locali NY	ed:
5b. Description of Unit Involved				- 12	•	6a. No. of Employees in Ur	nit;
Included: All non-manager, n accounts payable. Excluded: Key Office Personn	order picking, warehous	se, and driving				6b. Do a substantial number or more) of the employees unit wish to be represented Petitioner? Yes \(\sigma\) No	in the
7b. Petiti	2/2018 (Date) (oner is currently recognize	of no reply received as Bergalning I	ed, so state). Representative and desires			lined recognition on or about	
8a. Name of Recognized or Certi	fied Bargaining Agent (If	none, so state).	. 8b. Address				
None 8c. Tel No.	8d Cell No.		Se. Fax No.		8f. E-Mail Add	rate .	+
ou. Ter Ho.	od Cerrio.		OB. FAX NO.		or, E-wall Acc	1033	1 .
8g. Affiliation, if any			8h. Date of Recognition of			Date of Current or Most Rece y (Month, Day, Year)	nt
9. Is there now a strike or picketing (Name of labor organization) 10. Organizations or individuals of:		, has plo	eketed the Employer since	-	1		ividuals
known to have a representative into	erast in any employees in t	he unit described	in item 5b above. (If none	. so state)		***	
10a. Nəme	10b. Add	fress		10c. Tel. No.		10d. Cell No.	į
	-			10e, Fax No.		10f, E-Maii Address	is .
11. Election Details: If the NLRB any such election.	conducts an election in this	matter, state yo	ur position with respect to	11a. Election Type:		Mail Mixed Manual	/Mail
11b. Election Date(s): 3/16/2018; 3/23/2018; 3/30/2018	2:00PM				Supply; 2070	Westchester Ave, Bronx, NY	, 10462
12a. Full Name of Petitioner (incl International Brotherhood of Elect	rical Workers, Local Unio	on #3		158-11 Jewel Ave, F		city, state, and ZIP code) 11365	
12c. Full name of national or international Brotherhood of Electric		of which Petitione					
12d. Tel No.	12e. Cell No.		12f. Fax No. 718-591-4076		12g. E-Mail Ac		
347-559-2795 13. Representative of the Petition	347-559-2795	a of all namers	AND DESCRIPTION OF THE PROPERTY.		oldstein@loc	arsibew.org	
13a. Name and Title Jonatha		A STATE OF THE STA	13b. Address (street ar 158-11 Jawal Ava, Flushing	d number, city, state, a	nd ZIP code)		
13c. Tel No. 718-591-4000	13d. Cell No. 347-559-2795		13e. Fax No. 718-591-4076	12.	13f. E-Mail Ado		1 2
I declare that I have read the abo		tatements are to			NO STELL HER IDC	arollew.org	
Name (Print)	Signature Com		Title		Date	, , , , , , , , , , , , , , , , , , , ,	
Jonathan Goldstein	- JOROVA	70/	Organizer		3/13/2018		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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MAR 1 3 2018

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT	WRITE IN THIS SPACE	-
Case No.	Date Filed	7
02-RC-217171	3-26-18	

KC PE	HOIIII		02-RC-	21/1/1	1 3	26-18	1
NSTRUCTIONS: Unless e-Filed u	using the Agenc	y's website, w					1
n which the employer concerned							
of service showing service on the	e employer and	all other partie	es named in the petition	on of: (1) the pet	tion; (2) State	ment of Position form	1
Form NLRB-505); and (3) Descrip	ption of Repres	entation Case	Procedures (Form NL	RB 4812). The s	howing of Inte	arest should only be filed	
ith the NLRB and should not be	served on the	employer or ar	ny other party.				
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	desires to be certiff	led as representat	ive of the employees. The	Petitioner alleges ti	nat the following	circumstances exist and	1
L Name of Employer		2b. A	ddress(ea) of Establishmen	t(s) involved (Street	and number, city.	State, ZIP code)	1
Hale & Hearty Soups		55			, New Yo	rk, New York 10017	
. Employer Representative – Name a	and Title	272	3b. Address (if same a	s 2b - state same)			1
z. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	085	1
. Type of Establishment (Factory, mine,	, wholesaler, etc.)	4b. Principal pro	oduct or service		58. City a	and State where unit is located:	1
Retail Food		Soups	and Salads	4.50	New	York, New York	
Description of Unit Involved included: All full-time	ne and par	t-time en	mployees	-1 -1 Table		6a. No. of Employees in Unit: 26]
			Andre St. Andrews Control		I	6b. Do a substantial number (30% or more) of the employees in the	1
xcluded: All supervis	sors and t	emporary	employees			unit wish to be represented by the	
heck One: 7a. Request for	recognition as Barg	aining Represent	stive was made on (Date)	8r	d Employer decli	ned recognition on or about	1
₩ —	(Date)	(If no reply receive	ed, so state).				1
			tepresentative and desires	certification under the	Act.		4
. Name of Recognized or Certified Ba	argaining Agent (A	none, so state).	6b. Address				
t. Tel Na.	Bd Cell No.		Be. Fax No.		8f. E-Mall Addr	ess	1
c. Tel Na. g. Affiliation, if any	Bd Cell No.		Be. Fax No. Bh. Date of Recognition of	r Certification	8i. Expiration D	ate of Current or Most Recent (Month, Day, Year)	
J. Affiliation, if any		bma ci/a) involva	8h. Date of Recognition o		8i. Expiration D Contract, if any	ate of Current or Most Recent (Month, Day, Year)	1
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PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the Information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
02-RC-218128	4-9-18			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code, 2a. Name of Employer NBCUniversal Media, LLC 30 Rockefeller Center, Campus 620/482, New York, New York 10112 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jason Laks, Senior Vice President, Labor Relations Same. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 212-664-3291 N/a 212-887-5964 Jason.Laks@nbcuni.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Television Production New York, New York Media/Entertainment 5b. Description of Unit Involved 6a. No. of Employees in Unit: ~42 Included: See Attachment A. 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attachment A. unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state) Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None. N/a Bc. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. N/a 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/a N/a 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? N/a (Name of labor organization) N/a , has picketed the Employer since (Month, Day, Year) N/a 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None. 10a, Name 10b. Address 10d. Cell No. 10c. Tel. No. N/a N/a 10e. Fax No. 10f. E-Mail Address N/a N/a 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): To be determined. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) See Attachment B. See Attachment B. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) See Attachment B. 12d, Tel No. 12e. Cell No. 12g. E-Mail Address 12f. Fax No. See Attachment B. See Attachment B. See Attachment B. See Attachment B 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Max Sicherman 13b. Address (street and number, city, state, and ZIP code) Local 11, NABET-CWA, 145 West 30th Street, 12th Floor, New York, New York 10001 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f, E-Mail Address 212-757-3065 N/a 212-246-7780 msicherman@nabetlocal11.org I declare that I have read the above petition thements are true to the best of my knowledge and belief. Name (Print) Max Sicherman General Counsel, Local 11, NABET-CWA WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TILL

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT "A"

5b. Description of Unit Involved:

Included: All full time and regular part time ArtWorks Team employees, including but not limited to Graphic Design Engineers, VizRt Artists, Motion Graphic Artists, Senior Motion Graphic Artists, Graphics Coordinators, Graphic Animators, Senior Graphic Animators, Viz Techs, Real Time Graphic Specialists, and Real Time Graphic Programmers, except employees currently working under the NABET-CWA/NBCU Collective Bargaining Agreement.

Excluded: All other employees including office clerical employees, managers, maintenance employees, guards, professional employees, and supervisors as defined by the Act.



ATTACHMENT "B"

12a. Full Name of Petitioner - National Association of Broadcast Employees and Technicians, the Broadcasting and Cable Television Workers Sector of the Communications Workers of America, AFL-CIO-CLC

12b. Address - 501 3rd St NW, 6th Fl., Washington, DC 20001

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent - See 12a.

12d. Tel No. - 202-434-1234 (Judi Chartier, Esq., General Counsel, NABET-CWA)

12e. Cell No. - N/A

12g. E-Mail Address - jchartier@cwa-union.org



UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 02-RC-218657	Date Filed 4-18-18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZiP code) Organix Recycling, LLC 19065 Hickory Creek Drive #240, Mokena, IL 60448 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Larrie Roberts, Northeast Regional Manager 3d. Cell No. 3a Fax No. 3f F-Mail Address 312-343-5669 Iroberts@organixrecycling.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Food Waste Recycling Cortlandt Manor, New York 5b. Description of Unit involved 6s, No. of Employees in Unit: Included: All full-time and regular part-time drivers and route drivers employed by the Employer working out of the 6b. Do a substantial number (30% Cortlandi Manor location or more) of the employees in the Excluded: Managers, supervisors, professional employees, and guards as defined in the Act, and all other employees unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Sa. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. ed Cell No. 8f. E-Mail Address Be Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8). Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or Individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c. Tel. No. 10a. Name 10d. Cell No. 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 12pm - 2pm 2 Bayview Rd., Cortlandt Manor, New York 10567 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 160 South Central Ave, Elmsford, New York 10523 12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address 12e. Cell No. 121 Fax No. 12d. Tel No. DomCassanelli@teamsterslocal456.com 914-592-9500 914-592-4266 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a, Name and Title Bryan T. Arnault, Esq. 13b. Address (street and number, city, state, and ZIP code) Franklin Center, Sulta 300, 443 North Franklin Street, Syracuse, New York 13204 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 315-422-7111 315-471-2623 blarnault@bklawyers.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Bryan T. Ameu't Of Counsel TS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMEN

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-218766	4-19-18				

R	C PETITION		02-1	RC-218766	1	4-19-18
INSTRUCTIONS: Unless	e-Filed using the Agency's	website, www.nli			Petition to	an NLRB office in the Region
						ee 6b below) and a certificate
	ce on the employer and all o					
	Description of Representa					
	d not be served on the emp				3	
1. PURPOSE OF THIS PETITI	ON RC-CERTIFICATION OF REF	RESENTATIVE - A	substantial number	of employees wish to	be represente	d for purposes of collective
bargaining by Pellioner and	Petitioner desires to be certified as	representative of the	e employees. The	Petitioner alleges that	at the following	ig circumstances exist and
2a. Name of Employer	Labor Relations Board proceed			Section 9 of the Na t(s) involved (Street a		
Pier Sixty LLC				, NY. NY. 1001		y, State, Zir code)
3a. Employer Representative	- Name and Title		Address (If same as		·	
Paul Gallen (General		The second secon	ne as 2b	The Glorid Stiffing		
3c. Tel. No.	3d. Cell No.	3e. F	ax No.		3f. E-Mail Add	fress
212-336-6036				1	ogallen@g	piersixty.com
4a. Type of Establishment (Fac	tory, mine, wholesaler, elc.) 4b.	Principal product or	service			and State where unit is located:
Hospitality (Catering)		od Services			New Y	ork City
5b. Description of Unit Involv	ed		11 11 11 11 11 11 11 11 11 11 11 11 11	201 101 201 101		6a. No. of Employees in Unit:
Included: All full time, pa	rt time, and on call employe	ees of Purchasin	g and Receivir	ng Dept., Steward	ing Dept.,	225
	ep., servers, bartenders, o					6b. Do a substantial number (30%
Excluded: All other emplo	yees, guards, managers, a	nd clericals as o	lefined by the a	ct as amended.		or more) of the employees in the unit wish to be represented by the
						Petitioner? Yes V No
Check One: 7a. R	equest for recognition as BargainIn	Representative was	s made on (Date)	and	Employer dec	
=		reply received, so st			,,	
7b. P	etitioner is currently recognized as			certification under the	Act.	
	ertified Bargaining Agent (If non		8b. Address			
7						
8c. Tel No.	8d Cell No.	8e. F	ax No.		8f. E-Mall Add	iress
8g. Affiliation, if any		I Rh Dai	te of Recognition or	Certification	8i Expiration	Date of Current or Most Recent
-6.			ic all resugnition of			y (Month, Oay, Year)
	-					
9. Is there now a strike or picket	ling at the Employer's establishmen	nt(s) involved?	If so, approx	imately how many em	ployees are pa	articipating?
(Name of labor organization)		, has picketed the	Employer since (/	Month, Day, Year)		
10. Organizations or individuals	other than Petitioner and those na	med in items 8 and 9	, which have claim	ed recognition as repre	esentatives an	d other organizations and individuals
known to have a representative	interest in any employees in the un	nit described in Item !	5b above. (If none,	so state)		
10a. Name	10b. Address	****		10c. Tel. No.		10d. Cell No.
Too, Italia	Too. Addless			100. 161. 110.		Tou. Centro.
	ł			10e. Fax No.		10f. E-Meil Address
						1
	RB conducts an election in this mat	ter, state your position	in with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c, Election	Time(s):		11d. Election Location	on(s).	
				110. 0.000011 000001	J.1(0).	
12a, Full Name of Petitioner (i	ncluding local name and numbe	7		12b. Address (street	and number,	city, state, and ZIP code)
Teamsters Local Union 808	}			The second secon	, Long Islan	d City, N.Y. 11101
12c. Full name of national or international Brotherhood o	emational labor organization of whi	ch Petitioner is an af	fillate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.	12/ 5	ax No.		12g. E-Mail A	ddrace
120. 161110.	120. 00.	12.1	ax No.		izy. Chias A	301633
13. Representative of the Peti	lioner who will accept service of	all papers for purp	oses of the repres	entation proceeding.		
13a. Name and Title Chric	Silvera, Principal	Officer 13b.	Address (street and	number, city, state, e	nd ZIP code)	
Cinis	Silvera, Filicipal	5-28		Island City, N.Y. 1110		
13c, Tel No.	13d. Cell No.		Fex No.		13f. E-Mail Ad	
718-389-1900	917-297-2241		89-2117		tzverity@gn	nail.com
I declare that I have read the	bovo petition and that the states	nonts are true to the	e best of my know	ledge and belief.		
Name (Print)	Signatur	Title	not Officer		Date	-18-18
Chris Silvera	- June	Princi	pal Officer		1 4	- (6 - 1 0

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.

DO NOT WR	ITE IN THIS SPACE	
00 DC 010400	Date Filed	
02-RC-219429	5-1-18	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Taxi Tours, Inc. d/b/a Big Bus Tours New York 712 7th Ave New York 10036-1520 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 723 7th Ave FI 5 NY New York 10019-7461 Julia Conway 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (212) 685-8687 JuliaConway@bigbustours.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation New York, NY sightseeing 5b. Description of Unit Involved 6a. No. of Employees in Unit: 22. Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in the name of and 9, which have claimed recognition as representatives and other organizations and individuals 10. Organizations or individuals office than Petitioner and most individual to the unit described in term 5b above. (If none, so state) 10a Name 10b Address 10c Tel No 10d Cell No. 10f. E-Mail Address 10e. Fax No. BY 11. Election Details: If the NLRB conducts an election in this matter state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 712 7th Ave, New York, New York 10019 7 a.m. to 5 p. m. 12a. Full Name of Petitioner (Including local name and number)
Steven C. Farkas
Transport Workers Union Local 100, AFL-CIO 12b. Address (street and number, city, state, and ZIP code) 100 Crossways Park Dr W Ste 200' NY Woodbury 11797-2012 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Transport Workers Union of America, AFL-CIO 12e. Cell No. 12g. E-Mail Address scf@cohmlaw.com 12d Tel No 12f. Fax No. (5.16) 248-5757 (516) 742-1765 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Steven C. Farkas Colleran, O'Hara & Mills 100 Crossways Park Drive West Suite 200 NY Woodbury 11797-2012 13c. Tel No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. scf@cohmlaw.com (516) 248-5757 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Steven C. Farkas 05/1/2018 16:38:41 Steven C. Farkas

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included street team leaders

Employees Excluded none

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
02-RC-219429	5-1-18			



UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DC	NOT WRITE IN THIS SPACE
Case No.	Date Filed
02-00-210062	5-10-18

RC PE	TITION	77	02-RC-	219963		5-10-18	
INSTRUCTIONS: Unless e-Filed L	sing the Agenc	y's website, w					Region
in which the employer concerned							
of service showing service on the	e employer and	all other partie	es named in the petiti	ion of: (1) the pe	tition; (2) Stat	ement of Position fo	rm
(Form NLRB-505); and (3) Descrip				RB 4812). The	showing of in	terest should only be	e filed
with the NLRB and should not be	served on the	employer or a	ny other party.				
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	desires to be certifie	ed as representat	tive of the employees. The	Petitioner alleges	that the following	ng circumstances exist a	
2a. Name of Employer The Board of Managers of the C				ew York, NY 10		y, State, ZIP code)	
3a. Employer Representative – Name a Derek McArthur, Property Mana			3b. Address (If same a 622 3rd Ave., 15th	기업 (10 명이 10 전 등 경기 (10 10 10 10 10 10 10 10 10 10 10 10 10 1	NY 10017		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add		
212-634-8919	1		646-786-2116	-		thur@fsresidential.d	
4a. Type of Establishment (Factory, mine, Residential building	wholesaler, etc.)	4b. Principal pro Building serv				and State where unit is lo ork, NY 10026	
5b. Description of Unit Involved						6a. No. of Employees in	1 Unit:
Included: All building service	ce workers					6b. Do a substantial nu	mber (30%
Excluded: _				4		or more) of the employe	ees in the
Statutory guards a	and supervis	sors, includ	ling superintende	ents		unit wish to be represent	
Check One: 7a. Request for	recognition as Barga	aining Representa	ative was made on (Date)		nd Employer dec	clined recognition on or ab	
	(Date) (If no reply receive	ed, so state).				
			Representative and desires	certification under the	ne Act.		
8a. Name of Recognized or Certified Ba None	irgaining Agent (If	none, so state).	8b. Address			~	
8c. Tel No.	8d Cell No.	10	8e. Fax No.		8f. E-Mail Add	iress Z 😞	-
1 PASSAS CHART (1959-1-3						m -	Z Z
8g. Affiliation, if any	,		8h. Date of Recognition o	r Certification	8i. Expiration (Contract, if an	Date of Gurrent or Most R by (Month, Day, Year)	OLD H
9. Is there now a strike or picketing at the	Employer's establish	hment(s) involved	f? NO If so, approx	ximately how many 6	employees are pa	articipating?	
(Name of labor organization)		, has pict	keted the Employer since (Month, Day, Year)		77 =	SBY.
 Organizations or individuals other than known to have a representative interest in 	Petitioner and thos any employees in the	e named in items he unit described	in item 5b above. (If none,	ied recognition as re , so state)	presentatives and	other organizations and	inDwiduals
None .						= W	
10a. Name	10b. Add	ress		10c. Tel. No.		10d. Cell No.	
				10e, Fax No.	-	10f. E-Mail Address	
.11. Election Details: If the NLRB conduction,	ts an election in this	matter, state you	ur position with respect to	11a. Election Typ	e: / Manual	Mail Mixed Man	iual/Mail
11b. Election Date(s): Nearest Wednesday	3:00pm-			11d. Election Lock Mezzanine - Lock	er Room		
12a. Full Name of Petitioner (including I SEIU LOCAL 32BJ	local name and nui	mber)		12b. Address (stre 25 West 18th Stre		city, state, and ZIP code) Y. 10011	
12c. Full name of national or international SEIU LOCAL 32BJ	labor organization o	f which Petitioner	r is an affiliate or constituen	nt (if none, so state)	,		
12d. Tel No. 212 388-3800	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	idress	
13. Representative of the Petitioner who	will accept service	e of all papers for	or purposes of the repres	entation proceeding	ng.		
13a. Name and Title Katchen Lo	cke, Attorn	еу	13b. Address (street and 25 W. 18th Street, New York		, and ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add		
212 539 2941 I declare that I have read the above peti	tion and that the st	Internante are tr	us to the best of my know	dodge and ballet	Klocke@seiu3	2bj.org.	
		atements are tru	1	vieuge and belief.	Deta	1 .	
Katchen Locke	Johl	M	Title Aftore	4	Date	5/8/18	
WILLFUL FALSE STATEM	ENTS ON THIS PET	TITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (L	J.S. CODE, TITL	E 18, SECTION 1001)	

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

ILLFUL FALSE STATEMENTS

	 DO NOT WRITE	IN THIS SPACE	-
ase No.		Date Filed	Ù c

5/23/18 02-RC-220800

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region In which the employer concerned is located. The petition must be accompanied by both a showing of Interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Politioner and Petitioner desires to be certified as representative of the employees. The Petitioner alloges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 2a. Name of Employer Empire City Casino/ Yonkers Racing Corp. 810 Yonkers Ave, Yonkers, NY 10704 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 810 Yonkers Ave. Yonkers ny 10704 Carolyn Tormina / or M Taylor 3c, Tel. No. 3d Call No. 3e, Fax No. 31. E-Mail Address 914-457-2650 914-457-2560 mtaylor@yonkersraceway.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a, City and State where unit is located: 4b. Principal product or service Yonkers NY Casino Surveillance 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part time Surveillance Operators. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All guards, supervisors Managers as defined by the act. unit wish to be represented by the Petitionar? Yes ✔ No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer doclined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the AcL 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. Se Fax No. 8f. E-Mail Address 8l. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other man. Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 50 above. (If none, so state) MAY 2 3 2018 10d. Cell No. 10s. Name 10b. Address 10c. Tel. No. 10f. E-Mall Address BY: 11. Election Details: If the NCRB conducts-an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Menual/Mall any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6:30am to 7:30am and 2:pm to 3:pm 6/13/18 at casino 12a, Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) IBEW Local 1430 84 Business Park Drive / Suite 202 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood Electrical Workers 12d. Tel No. 12e, Cell No. 12r, Fax No. 12g. E-Mail Address 914-948-3771 631-559-5045 914-948-3361 sgonzalez@1430lbew.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Samuel Gonzalez/President 84 Busingss Perk Drive Suite 202 Armonk, NY 10504 13e. Fax No. 13f. E-Mall Address 13c. Tel No. 13d. Cell No. 631-559-5045 914-948-3361 sganzalez@1430ibew.com 914-948-3771 I declare that I have read the above polition another the statements are true to the best of my knowledge and beller. Name (Bont) Conzalez THIS PETITION GAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or Ittigation. The routino uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to Invoke its processes.

William S. Massey

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

02-RC-220895

DO NOT WRITE IN THIS SPACE

5/25/18 RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB-and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certifled as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Good Samaritan Hospital see attached rider 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 255 Lafayette Ave., Suffern, NY 10901 Kim Hirkaler, Director of Human Resources 3f F-Mail Address (845) 858-7418 (845) 858-7161 Kim Hirkaler@bshsi.org 4a: Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located. Suffern, New York acute care hospital health care 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-lime and regular part-time, including per-diem*, professional employees employed by the Employer.

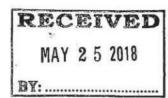
"Eligible amployees include all employees who worked an average of at least 4 hours per week for the 13 weeks preceding the eligibility date. approximately 175 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes 7 No All other employees, guards and supervisors as defined in the Act. 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c. Tel No. 8d Cell No. 8f. E-Mail Address Be. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): June 14, 2018 see attached rider see attached rider 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1199 SEIU United Healthcare Workers East 99 Church St., 4th Fl., White Plains, NY 10601 attn: Anthony Peterson 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12e. Cell No. 12f. Fax No. 12g. E-Mail Address anthonyp@1199.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title William S. Massey, Esq. Gladstein, Reif & Meginniss, LLP, 817 Broadway 6lh Fl., NY, NY 10003 13d. Cell No. 13f. E-Mail Address 212-228-7654 212-228-7727 wmassey@grmny.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature VUI-U

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



May 25, 2018

Rider

2b. Addresses of the Establishments involved:

- (1) 255 Lafayette Ave. Suffern, NY 10901
- (2) 90 Crystal Run Road Middletown, NY 10941
- (3) One Crosfield Ave. West Nyack, NY 10994

11c. & 11d. Proposed Election Times and Locations:

- main hospital campus, 255 Lafayette Ave., Suffern, NY:
 Materials Management Conference Room on the 4th Floor:
 6:00 a.m. to 9:00 a.m.; 12:00 noon to 2:30 p.m.; and 4:00 p.m. to 6:30 p.m.
- (2) 90 Crystal Run Road, Middletown, NY: 2nd floor conference room: 7:30 a.m. to 9:30 a.m.; and 2:30 p.m. to 4:30 p.m.
- (3) One Crosfield Ave., West Nyack, NY: 2nd floor conference room: 7:30 a.m. to 9:30 a.m.; and 2:30 p.m. to 4:30 p.m.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE
Case No. Date Filed, 10

RC PETITION

02-RC-221670 Date Filed 6/8/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(cs) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Dominican College 470 Western Highway, Orangeburg, New York 10962 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) William Cianci - Director of Facilities same 3f, E-Mail Address 3d. Cell No. 3e. Fax No. 845-359-4059 914-403-6309 845-259-2861 william.cianci@dc.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Higher Education Facility Orangeburg, New York Education 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part time lead maintenance mechanics, maintenance mechanics. 6b. Do a substantial number (30% electricians and locksmiths or more) of the employees in the Excluded: all office clerical employees, professional employees, guards and supervisors under the Act. unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 06/07/18 and Employer declined recognition on or about Check One: Ob/08/2018 (Date) (I(no reply received, so state). Petitioner's currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Mosl Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petilioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Gell No. 10a. Name 10b. Address 10c. Tel. No. D 10f. Mail Address 10e. Fax No. N 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Palisades Room in Casey Hall 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 16-16 Whitestone Expressway, Whitestone, New York 11357 International Union of Operating Engineers Local 30 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12d. Tel No. 12g. E-Mail Address 12e Cell No. 12f. Fax No. 917-680-7978 718-847-8484 extension 209 andrespuerta@iuoelocal30.org 718-805-2172 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Andres Puerta - Director of Special Projects 13b. Address (street and number, city, state, and ZIP code) 16 16 Whitestone Expressway, Whitestone, New York 11357 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 718-847-8484 extension 209 917-680-7978 andrespuerta@iuoelocal30.org 718-805-2172 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature 06-08-2018 Andres Puerta Director of Special Projects THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMENTS ON

PRIVACY ACT STATEMENT

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NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-222435 Date Filed 6/21/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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(Form NLRB-505); and	ervice on the employer and d (3) Description of Repres	entation Case	Procedures (Form NL				
PURPOSE OF THIS PE bargaining by Petitioner requests that the Natio Name of Employer	TITION: RC-CERTIFICATION Of and Petitioner desires to be certification and Labor Relations Board products	F REPRESENTAT ied as representat ceed under its pro 2b. A	IVE - A substantial numbe ive of the employees. The oper authority pursuant t ddress(es) of Establishmer	Petitioner alleges to o Section 9 of the Not(s) involved (Street	hat the following atlonal Labor R	g circumstances exist and elations Act.	
And the second of the second o	ICES CONDOMINIUM	115	Nassau Street, New				
3a. Employer Representa Patrick kennedy, Pro			3b. Address (If same a 622 3rd Ave., 15th	한다. 교통 전 경험 전 Harrier - 10년 10년 시대 (11년 11년 11년 12년	IV 10017		
3c. Tel. No.	3d. Cell No.		3e. Fax No.	TI, NEW TOIK, IN	3f. E-Mail Add	ress	
212 634-8919	00.00		646-786-2116		Rm@thebe		
4a. Type of Establishment Residential building	(Factory, mine, wholesaler, etc.)	4b. Principal pro Building serv			J. C. S.	and State where unit is located: ork, NY 10026	
5b. Description of Unit Included: All buildi	ng service workers	<u> </u>				6a. No. of Employees in Unit: at least 6	
Excluded:	guards and supervi	sors, includ	ing superintende	ents		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ✓ No	
H	Request for recognition as Barg (Date) Petitioner is currently recognize	(If no reply receive	ed, so state).		1.431	lined recognition on or about	
8a. Name of Recognized of None	or Certified Bargaining Agent (I	f none, so state).	TO SHIP STORY OF THE PARTY OF T				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ress	
8g. Affiliation, if any	,		8h. Date of Recognition o	Recognition or Certification 8i. Expiration Date of Current or Most Rece Contract, if any (Month, Day, Year)			
(Name of labor organiza)	icketing at the Employer's establistion)	has pic	keted the Employer since (Month, Day, Year)		2 0 20	
 Organizations or individ known to have a representa None 	uals other than Petitioner and tho ative interest in any employees in	se named in items the unit described	in item 5b above. (If none	ned recognition as rep , so state)	resentatives and	other organizations and includuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		-10d. Cell No. NO O	
				10e. Fax No.		10. E-Mail Address	
any such election.	NLRB conducts an election in thi		ur position with respect to	11a. Election Type		Mail Mixed Manual/Mail	
11b. Election Date(s): Nearest Thursday		lection Time(s): n-3:30 pm		11d. Election Loca 33rd floor - Bike Re			
12a. Full Name of Petition SEIU LOCAL 32BJ	er (including local name and no	umber)	4	12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011			
12c. Full name of national o SEIU LOCAL 32BJ	or international labor organization	of which Petitioner	r is an affiliate or constituer	nt (if none, so state)			
12d. Tel No. 212 388-3800	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress	
	Petitioner who will accept servi chen Locke, Attorr		or purposes of the repres 13b. Address (street and 25 W. 18th Street, New York	d number, city, state,	•		
13c. Tel No. 212 539 2941	13d. Cell No.	- I was to	13e. Fax No.		13f. E-Mail Add Klocke@seiu3		
I declare that I have read t	he above petition and that the	statements are tre	ue to the best of my know	vledge and belief.			
Name (Print) Katchen Locke	Signature	h	Title Attorne		Date 6	120118	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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FORM NLRB-502 (RC) (2:18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THE	S SPACE		
Casa No.	02-RC-223265	Date Filed		

employer concerned is loca the employer and all other p	ted. The petition must be acc arties named in the petition of	ompanied by both a of; (1) the patifion; (2)	showing of interest (s Statement of Positio	sed 6b below) an in form (Form N	d a certificate .RB-806), and	ca in the Region in which the of service showing service on (3) Description of Representation e amployer or any other party.		
bargaining by Petitioner and		nd as representative of	the employees. The P	etitioner alleger	that the follow	med for purposes of collective wing circumstances exist and or Relations Act.		
ta. Name of Employer: Aramark			of Establishments) invigion Street, Nev					
la. Employer Representative Lloyd Ball, General N	Name and Yille: Janager		osh Drive, Cum		gia 30040			
lo, Tel. No. 123 294-1275	3d. Cell No.	3e Fex	36 Fex No. 37 E-Meil Address ball-andy@aramark.com					
s. Type of Establishment (Fac Commercial building	tory, mine, wholesaler, etc.)		ing and mechan		New Yo	State where unit is located: DTK, NEW YORK		
xcluded:	red: and part-time engineer neluding supervisors	remotes conservations.	ethanithen ombotes	NLRA	8b. Do a sub	of Employees in Unit: ostantial number (30% or more) ployees in the unit wish to be ted by the Patitioner? [x] Yes. No		
on or about t	for recognition as Bargaining R Date) is currently recognized as Bar Cortified Bargaining Agent (If	(If no reply received is gaining Representative	o stole).			JUL 0 6 2018		
d. Tel. No.	8d. Cell No.	8a Fax	No.	RF. E-Mail	Address	BY:		
g. Affiliation, fl.any:		dn. Date of	Recognition of Certific		ion Date of Cur intract, if any (A			
(Name of Labor Organization 0, Organizations of Individual	eting at the Employer's establishin) solher than Petitioner and those appresentative interest in any	se named in items 8 ar	nd.D, which have claims	has pickets	d the Employer	ere participating? since (Month, Day, Year) and other organizations and		
Vone			described in item 30 a.			and the state of the state of		
Da. Name	10b. Andres	9		10c. Tel. I	Semi !	10d. Cell No.		
1. Election Details: if the NC	RB conducts and election in the	a matter, state your po	e of lowage allow notified	iny such election:	1/2/	Type:		
10. Election Date(e).	11c. Election 8:00~10:	n Time(s): 00 AM		11:0. Shedion Location(s): 837 Washington Street, 6 F1 conference for				
ocal 94-94A-94B	linduding local name and num	Carlos Carlos Cara	12b. Address (stre	مدع و داند د دری و د	en See	P code).		
	nternational labor organization of Operating Engineers		n affiliate or constituen	t (if none, so stat)	er gereg gelegger at the second		
2d. Tel. No. 112 586-7633	12e. Cell No.	12f, Fex 212.2	45-7886		Address	94.com		
3. Representative of the Pe Ja Name and Title oseph Farelli, Attorney	ultioner who will accept servi	1136:'Ad	urposes of the repres diess (street and numb LP, 120 Broadwa	ber city Stole on	d ZIP oode)	271		
13c. Tel. No. 212 652-3831	917 498-2579	the second second second	52-3891	jfarelli	Address Opittalaw	com		
declare that I have read the Name (Print) Toseph Fatelli	above petition and that that	atatements are true to	pac best of my mov	Trile Attorney		Oate 7/2/2018		

WILLPUL FALSE STATEMENTS ON THIS PESTTION CAY BE PUNISHED BY FINE AND MAPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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FORM NLRB-802 (RC)

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Case No. 02-RC-223410 Deta Flied 07/10/2018

INSTRUCTIONS: Unless e-Filed using						1
in which the employer concerned is id of service showing service on the emp	scated. The petition mus	it be accompanied by i	both a showing o	finterest (se	e 6b below) and a certificate	
(Form NLRB-505); and (3) Description						
with the NLRB and should not be serv	red on the employer or a	ny other party.		_		
PURPOSE OF THIS PETITION: RC-CERTIF bargaining by Petitioner and Petitioner desire	PICATION OF REPRESENTAT	TIVE - A substantial number	of employees wish to	be represented	for purposes of collective	
requests that the National Labor Relations	a Board proceed under its pr	oper authority pursuant to	Section 9 of the No	tional Labor R	eletions Ast.	
Mont Etions	2b. A	Address(as) of Establishman	t(a) involved (Street a		Siate, ZIP code)	
3a. Employer Representative - Name, and Title	10.	3b. Address (If same as		0 701		f
THERESA MANDAR	INO-NURSE Adon	N SAME				
718-430-7300 30	d, Cell Na.	3e, Fax No.		3f, E-Meli Add	980	
4s. Type of Establishment (Fectory, mine, whole Hospital	1111	1th CARE		1 (6.7	end State where unit le located:	
Included All Full fimed	Part Time St	conity offic	ERS Empl	loted,	8s. No. of Employees in Unit:	
Included: All Full Fime a Excluded: by the Emfloren 10461	At Said Loca	404 (2475	St. RATM	ONS AVE	8b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
The second secon	nition as Bargeining Represent	tative was made on (Date)	en	d Employer dec	ined recognition on or about	1
No =	(Date) (if no reply receive	red, so etale).	certification under the	Act.	•	
6a. Name of Recognized or Certified Bargain SPECIAL+ SUPEAICE OFFICE	ELS BENEVOIENT	Association 19	1 North w	Ellwood	AVELINGHHUSTA	1175
8c. To No. 587-9166	d Cell No.	69. FEX. No. 587-	3780	6f. E-Mail Add	7035	
8g. Affliation, If any	Not Know	March 11, 201			Date of Current or Most Recent by (Month, Clay, Year)	
9. is there now a strike or ploketing at the Emph		11101	dmately how many er		denter and a first control of the co	1
(Name of labor organization)		oketed the Employer since (Month, Day, Year)			
10. Organizatione or individuals other than Petit known to have a representative interest in any a			no state!	NE.	sing organizations and individuals	1
10s, Name	10b. Address		10c. Tel. No.	70-	10d. Cell No.	†
			109. Fax No.		10/. E-Mail Address	1
			100. Fex 140.	,	Tor. E-may Address	
11. Election butails: If the NLRB conducts an	election in this matter, state yo	our position with respect to	11s. Election Type	Manuel	Mail Mixed Manual/Mail	1
11b. Election Date(e): 8/6/18	11c. Election Time(e): 7-8:30am	our position with respect to	11e. Election Type 11d. Election Loca	ilon(e):	Mail Mixed Manual/Mail A/E 10 461-6145	s koon
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any such election. 1b. Election Date(s): \$ 6 8 12s. Full Name of Petitioger (including local PRC) A 1 th + 10 m As 12c. Full name of national or international labor 12d. Tel No. 13. Representative of the Petitioner who will 13s. Name and Tills Ros Shown 13c. Tel No. (2 2) 491-1386 2 I declare that I have read the above patition	11c. Election Time(s): 1-9:30Am neme and number) LEALVOLLAG organization of which Polition 2e. Cell No. 1 eccept service of all papers V. P. OF Adminis 3d. Cell No. 79-2891	ASSOFWAGE ASSOFWAGE or is an untilists or constituer No NE 127. Fex No. for purposes of the representation 13b. Address (street an address) 13b. Fgx Ng. 13e. Fgx Ng.	11e. Election Type 11d. Election Type 11d. Election Loca 2.475 Si 12b. Address (afre) 707 Up 11 (if name, so state) sentation proceeding d number, city, grate, h Sum Yinc 4442 Q	12g. E-Mail A. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Mail Mixed Manual/Mail AVE 10 461-6145 Give and ZiP code The B+ A-1 Jo462 ddrass 4-F N1.10037	s kooi

PRIVACY ACT STATEMENT

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KECEINED

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. 02-RC-223560 Date Filed 7/11/18

employer concerned is loca the employer and all other p	ited. The petition must be parties named in the petit	accompanied ion of: (1) the p	by both a showing of intere- petition; (2) Statement of Po	st (see &b below) sition form (Form	and a certific NLRB-505); a	office in the Region in which the ate of service showing service on nd (3) Description of Representation the employer or any other party.
bargaining by Petitioner an	d Petitioner desires to be c	entified as repre		he Petitioner alleg	es that the fo	esented for purposes of collective flowing circumstances exist and abor Relations Act.
2a. Name of Employer:			ddress(es) of Establishment(s		nd number, Ci	ly, State, ZIP code):
CORNELL UNIVER	SITY II R		East 34th Street, 6th I v York, NY 10016	1001		
Sa. Employer Representative	and the second s		doress (if same as 2b - state s	same):		
Laurie M. Johnson	, and the same,		Pine Tree Road			
Senior Director Work	place Policy and L	abor Ithio	ca, NY 14850			
3c. Tel. No. 607-255-6866	3d. Cell No.		3e. Fax No.		ail Address @cornell.	edu
4a. Type of Establishment (Fa University	clory, mine, wholesaler, old	.)	4b. Principal Product or Se Education	ervice		end State where unit is located: YORK, NY
5b. Description of Unit Invol- Included: All full-time and regu		cademic p	rogram employees		6a: Numl	per of Employees in Unit:
Excluded: All other employees,				Act	of the	substantial number (30% or more) 'employees in the unit wish to be sented by the Petitioner? 🗵 Yes 🔲 No
8a. Name of Recognized or C	Date) no reply	(If no reply Bargaining Re	received, so state). presentative and desires cent	07/06/18 fication under the A		r declined recognition
NONE					-0.4	
3c. Tel. No.	8d. Cell No.		8e. Fax No.	81. E-M	all Address	
Sg. Affiliation, if any:			8h. Date of Recognition or Co			Current or Most y (Month, Day, Year)
9. Is there now a strike or pick (Name of Labor Organization 10. Organizations or Individual Individuals known to have	n) Is other than Pelitioner and	those named in		, has picke	eled the Emplo	es are participating? over since (Month, Day, Year) ives and other organizations and
	1100 60	I diam An		110c. Te	l No:	10d. Cell No.
10a. Name	10b. Ac	cress		100. 10	, NO.	TOO. CERTAG.
	.,			10e. Fa		10f. E-Mail Address
11. Election Details: If the NL In person, manual ele	RB conducts and election ection at employee	work loca	late your position with respection		X Man	ual Mail Mixed Manual/Mail
116. Etection Date(s): July 25, 2018		am to 10:3		16 E		treet, New York, NY 10016
12a. Full Name of Petitloner Communication Wor	kers of America (C	WA) Loca	New York	street and number. 31st Street, 21st, NY 10001	nd Floor	d ZIP code):
12c. Full name of national or in COMMUNICATION	WORKERS OF	MERICA	dilioner is an affiliate or consti	***************************************		
12d. Tel. No. 212-344-2515	12e. Cell No.	1	12f. Fax No.		Mail Address	JUL 1 1 2018
13. Representative of the Pe 13a. Name and Title: Bruce J. Cooper, Attori		ervice of all pa	135. Address (street and Pitta LLP, 120 Broat New York, NY 102	number, city, State	and ZIP codej.	DY:
13c, Tel. No. 212-652-3727	13d. Cell No.	1	13e. Fax No. 212-652-3892-	bcoo	Mail Address per@pitta	law.com
I doclare that I have read the		the statements	are true to the best of my !	ritle	ief.	Date
Name (Print) Bruce J. Cooper	6	1////	MROGNI	Attorney	Y	07/10/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Rolations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Rolations Board (NLRB) in processing representation and related proceedings or hillpation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB with further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
02-RC-224151	7-23-18						

	FILLION			J-224151 .		7-23-18
INSTRUCTIONS: Unless e-Filed in which the employer concern						
of service showing service on t (Form NLRB-505); and (3) Desc						
with the NLRB and should not l					-	
PURPOSE OF THIS PETITION: RC bargaining by Politioner and Petition requests that the National Labor R	er desires to be certif	ied as representat	tive of the employees. The oper authority pursuant to	Petitioner alleges that Section 9 of the Nat	t the followin	g circumstances exist and elations Act.
2a. Name of Employer		2b. A	ddress(es) of Establishmen	t(s) involved (Street an	nd number, city	, State, ZIP code)
Hetrick-Martin Institute		2 As	tor Place, New York,			
3a. Employer Representative - Name Trade Stevens, Senior Dir. of F		nd Culture	3b. Address (If same as	s 2b - state same)		
3c. Tel, No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress
212-674-2400 x235				t	stevens@h	nmi.org
4a. Type of Establishment (Factory, mir youth center	ne, wholesaler, etc.)	4b. Principal prohealth and h	oduct or service uman services		New Yo	and State where unit is located: ork, NY
6b. Description of Unit Involved			1311/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/			6a. No. of Employees in Unit:
Included: All full time and regular		g per diem, em	ployees employed by the	Employer at its fac	cility located	Approximately 45
at 6 Astor Place, New Y	rork, NY.					or more) of the employees in the
All guards and s	upervisors as	s defined in	the Act.			unit wish to be represented by the Petitloner? Yes V. No
Check One: 7a. Request for	or recognition as Barr	gaining Represent	lative was made on (Date)	and	Employer dec	lined recognition on or about
H	(Date)	(If no reply receive				•
8a. Name of Recognized or Certified	the same of the sa	the same of the sa		continuation under the	AUI,	
None	-					
8c. Tel No.	8d Cell No.		8e. Fex No.		Bf. E-Mail Add	ress
On Afficiation II now						
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the			d? No If so, approx	imately how many em	Contract, if an	y (Month, Day, Year)
9. Is there now a strike or picketing at the (Name of labor organization)		has pic	d? No If so, approxicketed the Employer since (imately how many em	Contract, if an	y (Month, Dey, Year) pricipating?
9. Is there now a strike or picketing at the	nan Petitioner and tho	has pic	d? No If so, approxicketed the Employer since (s 8 and 9, which have claim	imately how many em Month, Day, Year)	Contract, if an	y (Month, Dey, Year) pricipating?
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9. Is there now a strike or picketing at the (Name of labor organization) 10. Organizations or Individuals other the known to have a representative interest N/A 10a. Name 11. Election Details: If the NLRB condany, such election. 11b. Election Date(s): 8/15/18 12a. Full Name of Petitioner (Including 1199 SEIU United Healthcare Worker 12c. Full name of national or internation Service Employees International Union	10b. Add 10c. Add 10c	has picture the unit described diress dissented the unit described direction Time(s): - 3 pm umber) of which Petitione	d? No. If so, approximately ap	imately how many emitted recognition as representation as represen	Contract, if an ployees are paresentatives and esentatives and esentatives and esentatives and esentatives and number, set. 15th Floor	y (Month, Day, Year) pricipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mall Mixed Manual/Mail cillty city, state, and ZIP code) . NY, NY 10036 attn: Leigh Howard
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JUL 2 3 2018

FORM NLRB-502 (RC) (4-15)



UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

	DO NOT WRITE IN THIS SPACE						
Case No.	02-RC-224892	Date File/3/2018					

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) The 76 Madison Ave Condo 76 Madison Avenue New York, NY 10016 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 257 Park Avenue Suit 303 New York, NY 10010 Tom Doran, Property Manager 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 212-753-2329 tdoran@solstice.us.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Residential building **Building services** New York, NY 10011 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All building service workers 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Statutory guards and supervisors, including superintendents Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d Election Location(s): 11b Election Date(s): nearest Thursday 2:30 pm- 3:30 pm Staff room in basement 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) SEIU LOCAL 32BJ 25 West 18th Street New York, N.Y. 10011 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU LOCAL 32BJ 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 212 388-3800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Katchen Locke, Attorney 13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011 13d. Cell No. 13c, Tel No. 13e. Fax No. 13f. E-Mail Address 212 539 2941 Klocke@seiu32bj.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date Katchen Locke Attorney 8-1-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
02-RC-225334	8/9/18			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/A, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 750 E Main Street Suite 520 Stamford, CT 06902 Affineco IIc. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Eddie Lema Same 3c. Tel. No. 3d. Cell No 3f. E-Mail Address 3e. Fax No. 203 542 0450 203 542 0290 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where bnit is located: **Building Maintenance** Yonkers NY Cleaning 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full and part time cleaners working at 73 Market Street Yonkers, NY 10710 6b. Do a substantial number (30% more)
of the employees in the unit wish to be represented by the Petitioner (3) Yes No and Employer declined recognition All full time and part time guards, supervisors, office clerical as defined by the act. Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10d Cell No. 10a. Name 10b. Address 10e Fax No. 10f F-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Meeting room 73 Market Street Yonkers NY ASAP 5pm-7pm 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 400 Garden City Plaza Suite 106 Local713 I.B.O.T.U., U.M.D., I.L.A., AFL-CIO Garden City, NY 11530 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of trade unions, United Marine Division, International Longshoremen Association, AFL-CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 516 741-5564 347 684 9738 516 741 2358 local713@optonline.net 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title 13b. Address (street and number, city, State and ZIP code): 400 Garden City Plaza Suite 106 Gramen Shoshi Business Agent Garden City, NY 11530 13e. Fax No. 13f. E-Mail Address 13d. Cell No. 347 684 9738 516 741 2358 local713@optonline.net 516 741 5564 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) 8/6/2018 Business Agent Gramen Shoshi

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. Date Filed

RC PI	ETITION			200000000000000000000000000000000000000	02-RC-22	5405	F. Comment	8	3/10/18	
INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, wy	vw.nlrb.	gov, submit a	n original of t	his Pe	tition to a	NLRB off	ice in the	Region
in which the employer concerne										
of service showing service on the										
(Form NLRB-505); and (3) Descri										
with the NLRB and should not b					12 10.2). 1110		mg or mic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a omy so	,,,,,,
1. PURPOSE OF THIS PETITION: RC-	CERTIFICATION OF	REPRESENTATI	VE - A sul	bstantial number	of employees wis	sh to be	represented	for purposes	of collective	
bargaining by Petitioner and Petitione	er desires to be certifi	ed as representativ	e of the e	mployees. The I	Petitioner allege:	s that t	he following	circumstan		
requests that the National Labor Ro	elations Board proc				Section 9 of the t(s) involved (Stre				ado)	
Trustees of Columbia University	in the City of Ne	100000000000000000000000000000000000000						State, ZIF CC	lue)	
3a. Employer Representative – Name		W TOIN TOU			2b – state same					
Lee Bollinger, President	ond mic				olumbia Unive		New York	k. NY 100	27	
3c. Tel. No.	3d. Cell No.		3e. Fax		orannoid oran		E-Mail Addr		-6	
(212) 854-9970	00.00		00.10			55		olumbia.e	du	
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal prod	duct or se	rvice		1.0.0		nd State whe		cated:
University		Research					New Yo			
5b. Description of Unit Involved								6a. No. of E	mployees in	Unit:
Included: All postdoctoral researchers who ha	ive received a doctorate or	ts professional equivalen	t who provid	e services to the unive	raity. Including Postdor	ctoral Res	earch	2,000		
Scientists/Scholars, Postdoctoral Rework at all of the employers' facilities	s. Associate	Research Scientists/Sch	olars or anyo	one with substantially e	equivalent qualifications	s who con	auca similar		ostantial num	
Excluded:		and a second		- J.C J:	- AL - A - A				the employee be represent	
All other employe	ees, guards a	and supervis	sors as	s defined if	n the Act.				Yes V N	
Check One: / 7a. Request fo	or recognition as Barg	aining Representa	tive was n	nade on (Date)	8/10/2018	and Er	nployer decli			
no rec		(If no reply received								
	s currently recognize	d as Bargaining Re	epresental	tive and desires of	certification under	the Act				
8a. Name of Recognized or Certified E	Bargaining Agent (If	none, so state).		8b. Address					10	
None						1 44			20	
8c. Tel No.	8d Cell No.		8e. Fax	No.		81.	E-Mail Addr	ess		-77
8g. Affiliation, if any		- 1	8h Date	of Recognition or	Certification	- Bi	Expiration D		tor Most Re	ecent 777
og. Almaton, ir any			on. Date	or recognition of	Contineation	Co	ntract, if any	ate of Curren	Pear)	ZO
							CALLES VIEW TO PARTIES	~ .	- G	Em
9. Is there now a strike or picketing at the	e Employer's establis	hment(s) involved	No.	If so, approxi	imately how many	y emplo	yees are par		0 0	-02
(Name of labor organization)		has pick	eted the E	Employer since (A	Month, Day, Year)		77	20	0 2	-ω≤
10. Organizations or individuals other that	an Petitioner and tho	se named in items	8 and 9, v	which have claime	ed recognition as	represe	ntatives and	other organiz	zations and	individ ual s
known to have a representative interest								Z	3	
None		.1						_		
10a. Name	10b. Add	dress			10c. Tel. No.			10d. Cell N		
					10e. Fax No.			10f. E-Mail	Address	i -
	-				100.100.100.			TOI. C-IVIDII	Addiess	
11. Election Details: If the NLRB condi	ucts an election in thi	s matter, state you	r position	with respect to	11a. Election Ty	ype: 🗸	Manual	Mail	Mixed Man	ual/Mail
any such election.	144-5		100		LINE SERVICE SUBSECTION					Secretary and
11b. Election Date(s): September 12-13, 2018	9am-8p	ection Time(s):			11d. Election Lo Morningside, M			ont-Doherty	Nevis Mar	hattanville
12a. Full Name of Petitioner (including		100			12b. Address (s					matto i vino
Columbia Postdoctoral Workers and United Autom			orkers of Am	nerica (CPW-UAW)						
12c. Full name of national or international						9)				
International Union, United Automobile		ricultural Impleme		100000000000000000000000000000000000000	JAW)					
12d. Tel No.	12e. Cell No.		12f. Fax	No.			g. E-Mail Ad ng@uaw.ne			
(313) 926-5000 13. Representative of the Petitioner w	(206) 390-4265		r Durnos	as of the repres	entation process		ig@uaw.ne	<u> </u>		-
							710 anda)			
13a. Name and Title Kenneth Lang, Ir	nternational Repres	entative, UAW			f number, city, sta lew York, NY 10018		ZIP COde)			
13c. Tel No.	13d. Cell No.		13e. Fa				f. E-Mail Add	ress		
(206) 390-4265	(206) 390-4265			poin() 57,3			ng@uaw.ne	0.00 mm (A)		
I declare that I have read the above pe	etition and that the	statements are tru	e to the b	est of my know	ledge and belief					
Name (Print)	Signature 1	1	Title				Date			
Kenneth Lang	Leme IT	tac.	Internati	onal Representa	ative, UAW	1	08/10/2018			

BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMENTS

PRIVACY ACT STATEMENT

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Section 5b. Description of Unit Involved

INCLUDED: All postdoctoral researchers who have received a doctorate or its professional equivalent who provide services to the university. Including Postdoctoral Research Scientists/Scholars, Postdoctoral Research Fellows, Associate Research Scientists/Scholars or anyone with substantially equivalent qualifications who conducts similar work at all of the employers' facilities.

EXCLUDED: All other employees, guards and supervisors as defined in the Act

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-227006	9-7-18

FORM NLRB-502 (RC) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD (2-18)**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1, PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): The New School 72 5th Avenue, New York, NY 10011 3a, Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Keila Tennent 80 5th Avenue, New York, NY 10011 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 212-229-5432 tennentk@newschool.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: University Higher Education New York City, NY 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Student Healthcare Services Providers- please see attached list Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) no decision made (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)

None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Addres None None None None 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Mos Recent Contract, if any (Month, Day, Year) N/A N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. None None None None 10f. E-Mail Address 10e. Fax No. None None 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: We would prefer an in-person election at the worksite 11b, Election Date(s): 11c. Election Time(s): 11d. Election Location(s) September 24, 3028 9 am - 5pm 80 5th Avenue, 3rd Floor, NY. NY 10011 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Intl. Union United Auto Workers and Local 7902 256 W. 38th Street, Suite 702, New York, NY 10018

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union United Automobile, Aerospace and Agricultural Implement Workers of America

12e. Cell No. 12d. Tel. No. 12f. Fax No. 12g. E-Mail Address 212-529-2580 212-529-1986 ahammersmith@uaw.net N/A

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: 13b. Address (street and number, city, State and ZIP code):

256 W. 38th Street, Suite 702, New York, NY 10018 **Emily Barnett**

13e. Fax No.

uaw7902@gmail.com 212-432-2120

13d, Cell No.

13c. Tel. No.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signatu Date Name (Print) 09/07/18 Amy Hammersmith International Servicing Represen

13f. E-Mail Address

Section 5B Description of Unit Involved

All full-time and regular part-time

Included: All providers of healthcare services to students at the New School such as therapists, counselors, nurses, midwives, doctors, and including LCSWs, MDs, PhDs, RPA-Cs, RNs, MPHs, RDNs, PsyDs, CNMs, and MCHESs and anyone with substantially equivalent qualifications who conducts similar work at all the employer's facilities.

Excluded: All other employees, guards and supervisors as defined in the Act.



UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD REVISED RC PETITION

Case No. 02-RC-228305

9/28/18 ,

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nicb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Special Citizens Futures Unlimited Please see attached. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Jessica Zufall-Guberman (CEO) 1775 Grand Concourse Bronx, NY 3c. Tel. No. 718-885-4630 3d Cell No. 3e. Fax No. 3f. E-Mail Address 917-801-0321 Jessica.guberman@specialcitizens.org 4a Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Residential & day programs residential & habilitative services Bronx, NY 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 120 Please see attached. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes
✓ No Please see attached. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certifled Bargaining Agent (If none, so state) None Bc Tel No 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit descri in item 5b above. (If none, so state) None RECEIVED 10a. Name 10b. Addre 10c Tel No. 10d. Cell No. SEP 2 8 2018 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLR8 conducts and election in the matter state your position with a spect to any such election. 11a Election Type X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s) 11d Election Location(s) Please see attached Please see attached Please see attached 12a. Full Name of Petitioner (including local name and number): Local 888, United Food and Commercial Workers Union 12b. Address (street and number, city, State and ZIP code): 160 East Union Avenue East Rutherford, NJ 07073 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers International Union 12g. E-Mail Address 12d Tel No. 12e. Cell No. 12f. Fax No. (914) 668-8881 (914) 668-8480 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b Address (street and number, city, State and ZIP code) 13a Name and Title: 258 Saw Mill River Road, Steven H. Kern, Attorney Barnes, Iaccarino & Shepherd, LLP Elmsford, NY 10523 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. skern@bislawfirm.com (914) 592-1515 (914)592-3213 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title 09/28/18 Steven H. Kern Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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RC Petition - Local 888, UFCW - Special Citizens Futures Unlimited

#3. Addresses of Establishments involved.

Employer name

Employer's email: <u>Jessica guberman@specialcitizens.org</u>
Special Citizens Futures Unlimited
1775 Grand Concourse
Bronx NY 10453
4th & 8th Floor

Bargaining unit locations (Day Hab & Residential Homes

Bronx Day Habilitation 1775 Grand Concourse 4th Fl Bronx NY 10453

Spectrum Space Day Habilitation 500 Executive Blvd Suite 147 Elmsford NY 10523

Cortlandt Hills Group Home 106 Watch Hill Cortlandt Manor, NY 10567

David Zatlow Residence 5431 Fieldston Road Riverdale, NY 10471

J. Decemente Group Home 5757 Independence Avenue Riverdale, NY 10471

Grace Cavanagh Residence 5115 Tibbett Avenue Riverdale, NY 10471

259th street Apartments 442 West 259th Street Riverdale NY 10471

261st Apartments 251 West 261st Street Bronx, NY 10471 Faraday Apartments 5743 Faraday Avenue Bronx NY 10471

Delafield Apartments 6125 & 6129 Delafield Avenue Bronx NY 10471

55th Street Apartments 352 East 55th Street Apt 2A & 3A New York, NY 10022

Crosby House 1538 Crosby Avenue Bronx NY 10461

Wellesley House 39 Wellesley Avenue Yonkers, NY 10705

#5. Unit Involved:

Included: All full-time and regular part-time direct support professionals, health care coordinator, senior DSP, shift supervisor, senior shift supervisor, day hab specialists, maintenance.

Excluded: All other employees including house managers, office clerical employees, guards and supervisors as defined in the Act.

#11, 11b and 11c and 11d - Election Details

Bronx Day Habilitation 1775 Grand Concourse 4th Fl Bronx NY 10453 *Voting Poll 8am-11am; 3pm-6pm *

Spectrum Space Day Habilitation 500 Executive Blvd Suite 147 Elmsford NY 10523 *Voting Poll 8am-11am; 3pm-6pm * Cortlandt Hills Group Home 106 Watch Hill Cortlandt Manor, NY 10567 *Voting Poll 6am-11am; 3pm-8pm*

David Zatlow Residence 5431 Fieldston Road Riverdale, NY 10471 *Voting Poll 6am-11am; 3pm-8pm*

J. Decemente Group Home 5757 Independence Avenue Riverdale, NY 10471 *Voting Poll 6am-10am; 3pm-8pm*

Delafield Apartments 6125 & 6129 Delafield Avenue Bronx NY 10471 *Voting Poll 6am-11am; 3pm-8pm*

Name (Print)

Panos Koutris

I declare that I have read the above petition and that the statemer

Signature"

FORM NLRB-502 (RG)									
(4-15)									
	R RELATIONS BO			-	DO NO	T WRITE IN TH			
	TITION	ARO		Case No.	02-RC-22841	0	e Filed		
		arda washai	4				0-2-18		
INSTRUCTIONS: Unless e-Filed									
in which the employer concerne									
of service showing service on th									
(Form NLRB-505); and (3) Descri					LKB 4612). THE	snowing or in	terest snowa only be filea		
with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-C	Served on the	employer E REPRESE	NTATIVE . A CI	pany.	or of employees with	to be represente	od for mimoros of collective		
bargaining by Petitioner and Petitioner	desires to be certif	ied as repres	sentative of the	employees. Th	e Petitioner alleges	that the following	ng circumstances exist and		
requests that the National Labor Re	lations Board pro-								
2a. Name of Employer Hubert Street Condominium					ent(s) involved (Street rk, NY 10013	and number, ca	y, State, ZIP code)		
Sa. Employer Representative - Name a	nd Title		A THE RESIDENCE OF THE PARTY OF		as 2b - state same)				
Afrim Pocesta					2th Floor New	York NY 100	12		
3c, Tel. No.	3d. Cell No.		3e. Fax			3f. E-Mail Add			
2125295688						apocesta@	andrewsbc.com		
4a. Type of Establishment (Fectory, mine,	wholesaler, etc.)		al product or se	rvice			and State where unit is located:		
Residential building		Building	services			New Y	ork, NY 10005		
6b. Description of Unit Involved							6a. No. of Employees in Unit:		
Included: all building service	e workers						Sh Da a substantial surplay (20%)		
Excluded:							6b. Do a substantial number (30% or more) of the employees in the		
statutory supervis	ors and qua	rds					unit wish to be represented by the		
							Petitioner? Yes ✓ No		
Check One: 7a. Request for	A STATE OF THE PARTY OF THE PAR	Calling and a second		The second second second second second	ar	nd Employer dec	dined recognition on or about		
7h Politioner in	-		ceived, so state		certification under the	o Ant			
Ba. Name of Recognized or Certified Ba				8b. Address	Continuation under the	e vcr			
None									
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mall Add	ress		
8g. Affiliation, If any			Rh Date r	of Recognition of	or Certification	Ri Expiration (Date of Current or Most Recent		
and the state of t				8h. Date of Recognition or Certification			Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the	Employer's establis	hment(s) invo	OIVed? NO	If so, appro	ximately how many er	mployees are pa	rticipating?		
(Name of labor organization)		, has	s picketed the E	mployer since	(Month, Day, Year) _				
10. Organizations or Individuals other than						resentatives and	other organizations and individuals		
known to have a representative interest in None	any employees in t	he unit descr	food in item 5b	above. (If none	o, so state)				
10a. Name	1 10b. Add	rese			10c. Tel. No.		10d. Cell No.		
	0.000				- 505 DE 10 - 50 - 50 - 50 - 50 - 50 - 50 - 50 -				
	į.				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conduct	s an election in this	matter state	a your position y	with respect to	44- Fl-11- T		<u> </u>		
any such election.	to an electronial unit	matter, state	e your position v	Hur respect to	11a. Election Type	Menual _	Mail Mixed Manual/Mail		
11b. Election Date(s):		ection Time(s):		11d. Election Local	tion(s):			
10/11/18 12a. Full Name of Petitioner (Including A	The state of the s	- 3:30 pm		,	Locker Room	d ===d ====b== =	city, state, and ZIP code)		
SEIU LOCAL 32BJ	ocar name and nu	mber)			25 West 18th Street				
12c. Full name of national or international I SEIU LOCAL 32BJ	abor organization of	f which Petiti	oner is an affilia	te or constituer					
12d. Tel No. 212 388-3800	12e. Cell No.		12f. Fax	No.		12g. E-Mail Ad	dress		
13. Representative of the Petitioner who	will accept service	e of all pape	ers for purpose	s of the repres	sentation proceeding	3.			
13a. Name and Title Panos Kout	ris, Organi	zer	13b. Add	lress (street en	d number, city, state,	and ZIP code)			
13c. Tel No.	13d. Cell No.		7 13e. Fex	No.		13f. E-Mail Add	fress		
	347-836-3130	1	//			pkoutris@selu3	2bj.org		
I declare that I have road the shove notif	ion and that the et	Stommete ar	to true to the he	ant of my know	todoo and hollof				

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to essist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

WILLFUL FALSE STATEMENTS ON THIS PETTLONICAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Title

Organizer

are true to the

OCT 0 2 2018 BY:

Date

09/26/2018

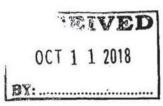
UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WAI	RITE IN THIS SPACE			
Case No. 02-RC-228951	Date Filed 0-11-18			

INSTRUCTIONS: Unless e-Fil	led using the Agenc	y's website, w	ww.nlrb.gov, submit a	n original of this	Petition to an	NLRB office in the Region	
in which the employer conce of service showing service o	rned is located. The	e petition must	be accompanied by b	oth a showing o	f interest (see	6b below) and a certificate	
(Form NLRB-505); and (3) De with the NLRB and should no	scription of Repres	entation Case I	Procedures (Form NLF				
 PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit 	RC-CERTIFICATION OF ioner desires to be certifi	REPRESENTATI	IVE - A substantial number ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
requests that the National Labo 2a. Name of Employer	or Relations Board proc						
Halcyon condominium			ddress(es) of Establishment			State, ZIP code)	
	1711	1303 6	east 51st Ulwys		10022		
3a. Employer Representative – Na Tatiana Nizguretsky propert			3b. Address (If same as 600 Madison ave N	[10] '(14] :: [17] [16] (17] [17] [17] [17] [17] [17] [17] [17] [022		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addre	SS	
212 897 2101					Tnizguretsky	@hfzpm.com	
4a. Type of Establishment (Factory, Residential building	mine, wholesaler, etc.)	4b. Principal pro Building serv			C. 1383	nd State where unit is located: k, NY 10013	
5b. Description of Unit Involved				11.00	6a. No. of Employees in Unit:		
Excluded: All building se Excluded: Statutory guar			ling superintende	nts		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes \to No	
Check One: 78. Reque	estitor recognition as Par	oglelne Denracest	ative was made on (Date)			ned recognition on or about	
Check One: 18. Heque	[20] [20] [20] [20] [20] [20] [20] [20]		[14] [15] [16] [16] [16] [16] [16] [16] [16] [16	ai	id Employer decir	led recognition bit of about	
75 5000		(If no reply receive		andiforming under the			
Sa. Name of Recognized or Certif			Representative and desires of 8b. Address	centification under the	o Act.		
8c. Tel No.				8f. E-Mail Addr		ss	
8g. Affiliation, if any						ate of Current or Most Recent (Month. Day, Year)	
Is there now a strike or picketing (Name of labor organization)			d? NO If so, approx		mployees are part	iclpating?	
10. Organizations or individuals oth known to have a representative into None	er than Petitioner and the	ose named in items	s 8 and 9, which have claim	ed recognition as rep	presentatives and	other organizations and individuals	
10a. Name	10b. Ad	ddress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB any such election. 			our position with respect to	11a. Election Type		Mail Mixed Manual/Mail	
11b. Election Date(s): nearest Thursday	230 to	Election Time(s): 330 pm		11d. Election Location(s): building lounge in cellar			
12a. Full Name of Petitioner (Incl SEIU LOCAL 32BJ	6	edularis e-ez		25 West 18th Stre		ity, state, and ZIP code) Y. 10011	
12c. Full name of national or intern SEIU LOCAL 32BJ		n of which Petitions		nt (if none, so state)			
12d. Tel No. 212 388-3800	12s. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress	
13. Representative of the Petitio	ner who will accept ser	vice of all papers	for purposes of the repre	sentation proceeding	ng.		
13a. Name and Tille Katche	n Locke, Attor	rney	13b. Address (street and 25 W. 18th Street, New York		, and ZIP code)		
13c. Tel No. 212 539 2941	13d, Cell No.		13e. Fax No.		13f. E-Mail Add Klocke@seiu32		
I declare that I have read the abo	ove petition and that the	e statements are t	true to the best of my kno	wiedge and belief.			
Name (Print) Katchen Locke	Signature /	<u> </u>	Title Attorn		Date /	-C.F	
	TATEMENTS ON THIS	PETITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U.S. CODE, TITL	E 18, SECTION 1001)	

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Çase No.	Date Filed					
02-RC-229616	10-19-18					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): New York Presbyterian Hudson Valley 1980 Crompond Rd, Cortlandt Manor, NY 10567 Hospital 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Stacey Petrower, President Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 914-734-3240 smp7001@nyp.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Cortlandt Manor, NY Health care 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See attached. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? F Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition N/A on or about (Date) (If no reply received, so state). N/A ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

a. Name

10b. Address

10c. Tel. No. 10a. Name 10d. Cell No. OCT 1 9 2018 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: See attached. Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): New York State Nurses Association 131 West 33rd Street, 4th Floor, New York, NY 10001 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state). None 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 212-785-0157 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Wendy LaManque, Counsel to NYSNA Cohen, Weiss and Simon LLP, 900 3rd Avenue, 21st Floor, NY, NY 10022 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. 212-356-0211 315-761-9536 646-473-8211 włamanque@cwsny.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature WENDY M. LAMANGUE COUNSEL TO MENA

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001).
PRIVACY ACT STATEMENT

Attachment to NYSNA/Hudson Valley Hospital RC Petition (October 19, 2018)

5b. Description of Unit Involved:

Included: All full-time, regular part-time and per diem Registered Nurses performing direct patient care duties.

Excluded: All other employees, including Nurse Educators, Nurse Practitioners, Employee

Health Nurse Practitioners, Quality Assurance, Case Managers, Lactation Consultants, Operating

Room Coordinators, Infection Control, Clinical Nurse Managers, Assistant Clinical Nurse

Managers, supervisors, security guards, and all other managerial/confidential employees as

defined by the Act.

11b. Election Date: Thursday, November 8, 2018

11c. Election times: 6:00 a.m.-9:00 a.m.; 11:00 a.m.-2:00 p.m.; 6:00 p.m.-9:00 p.m.

11d. Election location: 1980 Crompond Rd, Cortlandt Manor, NY 10567 (Main Hospital Campus), Ground Floor Conference Room.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	02-RC-229778	Date Filed	10/23/18				

RC F	ETITION			02-RC-22977	8	10/23/18
INSTRUCTIONS: Unless e-File	d using the Agency's	s website, www.n	Irb.gov, submit	an original of this F	Petition to a	n NLRB office in the Region
in which the employer concern						
of service showing service on						
(Form NLRB-505); and (3) Des	cription of Represent	tation Case Proce	dures (Form NL	RB 4812). The sho	wing of int	erest should only be filed
with the NLRB and should not	be served on the em	ployer or any oth	er party.			
PURPOSE OF THIS PETITION: Rebargaining by Petitioner and Petitioner equests that the National Labor	ner desires to be certified	as representative of the	he employees. The	Petitioner alleges that	t the following	g circumstances exist and
2a. Name of Employer	Relations Board process	2b. Address	(es) of Establishmen	nt(s) involved (Street and	d number, city	State, ZIP code)
Isabella Geriatric Center		515 Audub	oon Avenue, Ne	ew York, NY 10040)	
3a. Employer Representative – Nam			Address (If same a	s 2b – state same)		
Mary DiGangi, Assistant V.P., 3c. Tel. No.	3d. Cell No.				3f. E-Mail Add	
(212) 342-9590	(917) 796-3891					isabella.org or @mjhs.org
4a. Type of Establishment (Factory, m		b. Principal product o				and State where unit is located:
Nursing Home	Contract of the Contract of th	ealthcare			New Yo	
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: see attached						12
Excluded: see attached						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
Check One: 7a. Request	for recognition as Bargain	ing Representative wa	as made on (Dale)	and	Employer decl	ined recognition on or about
H —		no reply received, so s				,
8a. Name of Recognized or Certified	r is currently recognized a		entative and desires 8b. Address	certification under the A	Act.	
None	bargaining Agent (it no	ine, so statej.	ob. Address			
8c. Tel No.	8d Cell No.	8e.	Fax No.	8	Bf. E-Mail Add	ress
8g. Affiliation, if any			ate of Recognition o	r Certification 8i. Expiration Date of Current or Most Reco Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at	he Employer's establishm	ent(s) involved? N/	n If so, approx	kimately how many emp	loyees are pa	rticipating?
(Name of labor organization)			he Employer since (AND CHARLES OF THE LANGE OF THE PARTY OF THE		
Organizations or individuals other t known to have a representative interest None		named in items 8 and	9, which have claim	ed recognition as repre	sentatives and	other organizations and individuals
10a. Name	10b. Addres	ss		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB con any such election.	ducts an election in this m	atter, state your posit	ion with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail
11b. Election Date(s): Friday November 16, 2018	11c. Electi 3:30 p.m. t	on Time(s):		11d. Election Locatio Classroom in the Edu		00
12a. Full Name of Petitioner (Includion 1199SEIU United Healthcare Worker	ng local name and numb				and number, o	city, state, and ZIP code)
12c. Full name of national or internatio	nal labor organization of w	hich Petitioner is an a	affiliate or constituen	1	i i i i i i i i i i i i i i i i i i i	,
Service Employees International Unio 12d. Tel No.	12e. Cell No.	1 12f.	Fax No.		12g. E-Mail Ad	dress
(212) 582-1890		120 V = =			-6	77.70
13. Representative of the Petitioner			Towns and the same	ara an ann an Anna an an Tai	Organization of the later	
13a. Name and Title David Slu	itsky, Attorney	13b. Lavy		d number, city, state, an n Avenue, 8th Floor, New Yo		
13c. Tel No. (212) 627-8100	13d. Cell No.		Fax No.) 627-8182	The state of the s	13f, E-Mail Add slutsky@levyi	TATO TO THE CONTRACT OF THE CO
I declare that I have read the above	petition and that the state				3,0,1,0,10,1,1	
Name (Print)	Signature	I Title			Date	
David Slutsky	del er	attor			10/23/18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

OCT 2 3 2018

BY:

ATTACHMENT TO RC-PETITION -RESPIRATORY THERAPISTS

5b. Description of the Unit Involved

Included: All full-time and regular part-time¹ Respiratory Therapists as residuals to the existing 1199-represented bargaining unit.

Excluded: All other employees of the Employer, guards and supervisors as defined in Section 2(11) of the Act.

1. Employees who worked an average of four (4) or more hours per week over the preceding thirteen (13) week period shall be eligible to vote in the election.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 02-RC-230045	Date Filed 10-29-18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

(Form NLRB-505); and (3) Describing with the NLRB and should not be				RB 4812). The shot	ving of inte	rest snould only be filed
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner	CERTIFICATION OF er desires to be certif	REPRESENTATI ed as representativ	VE - A substantial number ve of the employees. The f	Petitioner alleges that	the following	circumstances exist and
requests that the National Labor R 2a. Name of Employer	elations Board proc	eed under its pro	per authority pursuant to Idress(es) of Establishment	Section 9 of the Natio	nal Labor Re	ations Act. State 7IP code)
Hudson Valley Early Childhood Learning	Center clo Hudson \	/allan dags 15	Mount Ebo Rd S Ste 1	(s) ilivolved (otleet and	number, city,	otate, 211 code)
3a. Employer Representative – Name		- 14	Y Brewster 10509-4090 3b. Address (If same as	2b - state same)		1017/1011 - 1017
Howard Yager		roll Polsy	15 Mount Ebo Rd 3 NY Brewster 1050			
3c. Tel. No.	3d. Cell No.	AJSN	3e. Fax No.	9-4090	. E-Mail Addre	ess
(845) 878-9078			(845) 878-3203			
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	nd State where unit is located:
Others			Education			Brewster, NY
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details					34
Excluded: See Attached Page 2 for ad	ditional details					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
Check One: 7a. Request for	or recognition as Bar	gaining Representa	tive was made on (Date)	and E	mployer decli	ned recognition on or about
		(If no reply receive	353			
			epresentative and desires of	certification under the Ad	ct.	A STATE OF THE STA
8a. Name of Recognized or Certified		f none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addre	ess
8g. Affiliation, if any			8h. Date of Recognition or			ate of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the	e Employer's establi	shment(s) involved	2 No If so approx	imately how many empl	ovees are par	icinating?
					oyooo aro par	
(Name of labor organization)			keted the Employer since (I			
10. Organizations or individuals other the known to have a representative interest	ian Petitioner and the in any employees in	the unit described	in item 5b above. (If none,	so state)	entauves and	other organizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond	lucts an election in th	is matter, state you	ur position with respect to	11a. Election Type: _	✓ Manual _	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c F	lection Time(s):		11d. Election Location	n(s):	
10/31/2018	1	PM to 1:00 PM		The Blue Room/Gym	15 Mont Ebo F	Road South, Brewster, NY 10509
12a. Full Name of Petitioner (including Daniel Esakoff Hudson Valley Early Childhood Center United,			EL CIO	12b. Address (street a 520 White Plains Rd Si NY Tarrytown 10105-9	and number, c	ty, state, and ZIP code)
12c. Full name of national or internation American Federation of Teachers/Ameri	al labor organization	of which Petitioner	r is an affiliate or constituen	t (if none, so state)	105	
12d. Tel No.	12e. Cell No.		12f. Fax No.	1	2g. E-Mail Ad	iress
(917) 734-8275	(917) 734-8275			Annual Control of the	esakoff@nysu	tmail.org
13. Representative of the Petitioner v	vho will accept serv	ice of all papers f			80 2002000 10 10 10 10 10 10 10 10 10 10 10 10	
13a. Name and Title			13b. Address (street and	d number, city, state, an	d ZIP code)	
			l		06 F M-3 4-1	
13c. Tel No.	13d. Cell No.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	13e. Fax No.		3f. E-Mail Add	less
I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	vledge and belief.		
Name (Print)	Signature		Title		Date	
Daniel Esakoff	Daniel Esakoff		Organizer		10/28/2018	18:14:53

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

	DO NOT WRITE IN THIS SPACE				
attachment	Case	Date Filed			

Employees Included

All full time and regularly employed part time teachers (including art, music, special education, substitute, and toddler), childcare providers, group leaders, fitness specialists, speech language pathologists/therapists, occupational therapists, psychologists, receptionists, and teacher assistants/aides (including 1 to 1 aides)

Employees Excluded

All other employees, including supervisors and guards as defined in the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
02-RC-230328	10-30-18

INSTRUCTIONS: Unless e-Filed in employer concerned is located. the employer and all other parties Case Procedures (Form NLRB 4	The petition must be accord s named in the petition of:	mpanied by bot (1) the petition	h a showing of int ; (2) Statement of	erest (see 6b below, Position form (Form	and a certificat NLRB-505); and	e of service show d (3) Description	wing service on of Representation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	RC-CERTIFICATION OF R	EPRESENTATI as representation	VE - A substantial n	umber of employees . The Petitioner alie	wish to be repres	ented for purpose	es of collective inces exist and	
2a. Name of Employer:		2b. Address(es) of Establishmen	t(s) involved (Street	and number, City,	State, ZIP code):		
Bronx Global Learning I	nstitute for Girls	750 Con	course Village	West, Lower	Level, Bron	x, New York	10451	
3a. Employer Representative - Na	ame and Title:	3b. Address	(if same as 2b - sta	e same):				
Brimania Matalon, Busin	ness Manager	750 Con	course Village	West, Lower	Level, Bron	x, New York	10451	
3c. Tel. No. 718-993-1740	3d. Cell No.		Fax No.		fail Address			
4a. Type of Establishment (Factory,	mine, wholesaler, etc.)	0.4 (0.000)	Principal Product or	Service	5a. City an	d State where uni	t is located:	
K-8 Charter School		Ed	ucation	and the same of th	Bronx, N	lew York	The state of the s	
5b. Description of Unit Involved: Included:					6a. Numbe	er of Employees in	Unit:	
Please see attached adde	ndum.							
Excluded: Please see attached adde	ndum.				of the e	ubstantial number employees in the cented by the Petition	unit wish to be oner? ⊠ Yes □ No	
Check One: 7a. Request for re				10/29/18	and Employer	declined recognition	on	
on or about (Date	No reply (I	f no reply receive		ertification under the	Act			
8a. Name of Recognized or Certif			8b. Address:	ortineation ander the	7100			
None.								
8c. Tel. No.	8d. Cell No.	8e. Fax No.			8f. E-Mail Address			
8g. Affiliation, if any:		8h. Da	te of Recognition or		piration Date of Cott Contract, if any	urrent or Most (Month, Day, Yea	ar)	
9. Is there now a strike or picketing	at the Employer's established	ment(s) involved	? No F. Hs	o, approximately hov	v many employee	s are participating	1?	
(Name of Labor Organization)			110			er since (Month, I		
10. Organizations or individuals oth	er than Potitioner and those	named in items	R and Q which hav					
individuals known to have a rep None.							initial of the second of the s	
10a. Name	10b. Address			10c. T	el. No.	10d. Cell No.		
	1000 A 200 A 2							
		>		10e. F	ax No.	10f. E-Mail Address		
11. Election Details: If the NLRB of	conducts and election in this	matter, state yo	ur position with resp	ect to any such elect		3.27		
11b. Election Date(s):	I de Firm	Time/-\:		1442 0	X Manua		Mixed Manual/Mail	
	11c. Election			100000000000000000000000000000000000000	Albert and the second section of the second			
11/6/18		n. to 2:15 p.			cher Lounge			
12a. Full Name of Petitioner (inclu United Federation of Tea		Marie Transport Comment		ss (street and number dway, New Yo	보기 사람들은 아니는 아니는 아이들이 아니다.			
12c. Full name of national or intern	ational labor organization of	which Petitioner	is an affiliate or co	nstituent (if none, so	state):			
American Federation of				(
12d. Tel. No. 212-777-7500	12e. Cell No.		Fax No.	12g. E	-Mail Address			
13. Representative of the Petition 13a. Name and Title:	ner who will accept service			representation pro				
Jennifer A. Hogan (of Cou	nsel to Robert Reilly)	52	Broadway, 9th	Floor, New Yo	rk, New York	10004		
13c, Tel. No. 212-228-3382 x. 131	13d. Cell No.	G00*U	e. Fax No. 2-228-9253	1//	-Mail Address gan@nysutn	nail.org		
I declare that I have read the abo	ve petition and that the st							
Name (Print) Jennifer A. Hogan	Signa		1	Attorne			Date 10/29/18	
		11. 11	/		-			

ADDENDUM TO RC PETITION

5b. Description of unit involved

Included:

All employees in the following titles: teacher, guidance counselor, special education coordinator, literacy intervention, mathematics intervention, school culture advisor, dean of culture, special education teacher, AIS teacher, instructional coach, teacher assistant, literacy coach, physical education teacher.

Excluded:

All other employees, including supervisors.

UNITED STATES GOVERNMENT NA'

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TIO	NAL	LAB	OR	RE	LA	TIC	NS	BOA	RD
-	-	-	-	-			-		

DO NOT WRITE IN THIS SPACE Case No. Date Filed 11/1/18 02-RC-230371

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) DGC Operations LLC 3330 RT 6, Middletown, New York 10940. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ben Stanley - Plant Manager same. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 845-378-1900 845-649-8300 845-378-1879 b.stanley@dgc-ops.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Middletown, New York power plant energy 5b. Description of Unit Involved 6a. No: of Employees in Unit; Included: All full time and regular part time IC&E Techs, Maintenance Mechanics, Lead Operators, 16 6b. Do a substantial number (30% OpTech1s, Op Tech2s or more) of the employees in the Excluded: All office clerical employees, professional employees, guards and supervisors under the Act unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 11/01/18 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h, Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Pelitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): November 19th, 2018 6:00am to 9:00am Conference room at the facility 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers Local 30 16-16 Whitestone Expressway, Whitestone, New York 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12d, Tel No. 12e. Cell No. 12g. E-Mail Address 12f. Fax No. 917-680-7978 718-805-2172 andrespuerta@iuoelocal30.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Andres Puerta | Director of Special Projects 13b. Address (street and number, city, state, and ZIP code) 16-16 Whitestone Expressivay, Whitestone, New York 11357 13c. Tel No. -13d, Cell No. 13f. E-Mail Address 917-680-7978 917-680-7978 718-805-2172 andrespuerta@iucelocal30iorg I declare that I have read the above pelition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Date Andres Puerta 11/01/2018 Director of Special Projects WILLFUL FALSE STATEMENTS ON THIS TITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

> RECEIVED NOV 0 1 2018

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 02-RC-230433

DO NOT WRITE IN THIS SPACE

230433 Date Filed 11/5/18

	LITTON							
INSTRUCTIONS: Unless e-Filed								
in which the employer concerne								
of service showing service on ti	he employer and	all other parties	s named i	in the petitio	n of: (1) the petiti	on; (2) States	ment of Position form	
(Form NLRB-505); and (3) Descri	ription of Represe	entation Case P	Procedure	s (Form NLF	RB 4812). The sh	owing of inte	rest should only be filed	
with the NLRB and should not b						· · ·		
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to be certifie	ed as representativ	ve of the em	ployees. The F	Petitioner alleges that	at the following	circumstances exist and	
2a. Name of Employer	elations Board proce	2b. Ad	dress(es) of	Establishment	(s) involved (Street ar	nd number, city,	State, ZIP code)	
ACV Enviro		11	06 River Ro	sor 12553-672	8			
3a. Employer Representative - Name	and Title		3b. Addre	ess (If same as	2b - state same)			
Richard Ziskin Esq.			626 NY	8 Jericho Toke Commack 117:	Suite 12A 25-			
3c. Tel. No.	3d. Cell No.		3e. Fax N			3f. E-Mail Addre		
(631) 462-1417	(516) 965-3183		(631) 462	1000000		richard@ziskinlaw		
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal prod	duct or servi	Control of the Control		5a. City a	nd State where unit is located:	
		4	14	REC	EIVED		New Windsor, NY	
5b. Description of Unit Involved				NOV 0 5 2018			6a. No. of Employees in Unit: 5	
Included: See Attached Page 2 for add	ditional details					I E	6b. Do a substantial number (30%	
			72	140 0	0 0 2010		or more) of the employees in the	
Excluded: See Attached Page 2 for additional details				BY:			unit wish to be represented by the Petitioner? Yes [7] No [1]	
Check One: 7a. Request fo	or recognition as Barga	aining Representat	tive was ma	de on (Date)	and		ned recognition on or about	
	(Date) (If no reply received	d, so state).	100.010.000	certification under the			
8a. Name of Recognized or Certified I				8b. Address	, and the second	, ioi.		
8c. Tel No.				0.	8f. E-Mail Address			
8g. Affiliation, if any 8h			8h. Date of Recognition or Certification			8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at th	e Employer's establis	hment(s) involved	?	_ If so, approxi	imately how many em	ployees are part	ticipating?	
(Name of labor organization)	-	, has pick	eted the Em	ployer since (A	Month, Day, Year)			
10. Organizations or individuals other th known to have a representative interest						esentatives and	other organizations and individuals	
10a. Name 10b. Address				10c. Tel. No.		10d. Cell No.		
				,	10e. Fax No. , 10f. E-Mail Add		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position wany such election.				th respect to	11a. Election Type: 📝 Manual 🦳 Mail 🦳 Mixed Manual/Mail			
11b. Election Date(s): 11c. Election Time(s):			n m to 7:0	0.n.m	11d. Election Location(s): 1106 River Road, New Windsor, NY 12553		12553	
12a. Full Name of Petitioner (including local name and number) Kevin Young International Union of Operating Engineers Local 825				o p.m.	12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue Third:Floor NJ Springfield 07081-			
12c. Full name of national or international International Union of Operating Engineers	al labor organization of	of which Petitioner	is an affiliati	e or constituent	NJ Springfield 07081 t (if none, so state)	-	7.7	
		12f. Fax N	Fax No. 12		12g. E-Mail Address kyoung@iuoe825.org			
13. Representative of the Petitioner w	ho will accept service	ce of all papers fo	or purposes	of the repres	entation proceeding			
13a. Name and Title Daniel C Stark Esq. Attorney DeCotiis FitzPatrick Cole & Giblin LLP	,	•	13b. Addr	ress (street and	number, city, state, a			
			DO Frank W. Burr Blvd. Suite 31 J TEANECK 07666- Be, Fax No.		13f. E-Mail Address			
(201) 347-2129	(201) 213-0458						stark@decotiislaw.com	
I declare that I have read the above pe	etition and that the s	tatements are tru	e to the be	st of my know	ledge and belief.			
Name (Print)	Signature		Title	7,11		Date		
Daniel C Stark Esn			Attorney			11/4/2018 11:23:40		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment DO NOT WRITE IN THIS SPACE

Case

O2-RC-230433

Date Filed

11/5/18

Employees Included Field Technicians, Operators, Drivers, Workings Supervisors, Working Foremen, Mechanics

Employees Excluded

Office clerical employees, managerial employees, guards, supervisors, and professional employees as denied by the Act.

> LINITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Date Filed							
11-2-18							

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Breaking Ground, Inc. 505 8th Avenue, New York, N.Y. 10018 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Shanna Wertheimer, Manager 133 Pitt Street, New York, NY 10002 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 212-389-9382 N/A N/A N/A 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Residential Building, Mental Disable **Building Maintenance** New York, N.Y. 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Porters, Handymans and Engineers. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Security, Office Staff and Supervisors unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 10-19-2018 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. _ If so, approximately how many employees are participating? _ (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 6 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 2:00 pm to 4:00 pm 133 Pitt Street, New York, N.Y. 10002-11-30-2018 12b. Address (street and number, city, state; and ZIP code) 55 Broad Street, 11th Floor, New York, N.Y. 10004 12a. Full Name of Petitioner (including local name and number) Z Teamsters Local 210 - IBT RE 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address LULLI N/A N/A N/A N/A 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. AC 602 -13a. Name and Title Pedro Cardi, Vice President MO 13b. Address (street and number, city, state, and ZIP code) UZE 55 Broad Street, 11th Floor, New York, N.Y. 10004 13d. Cell No. ----13e. Fax No. 13f. E-Mail Address 13c. Tel No. 917-657-3511 212-4599674 jrcardi@aol.com NIA I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. C Name (Print) Date Vice President 10-30-2018 Pedro Cardi

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	02-RC-231121	Date Filed	11/16/18			

The state of the s	PETITION					1	
						an NLRB office in the Region	
						ee 6b below) and a certificate	
of service showing service of							
(Form NLRB-505); and (3) Do	escription of Repres	entation Case	e Procedures (Form NL	.RB 4812). The sho	wing of in	terest should only be filed	
with the NLRB and should n							
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desires to be certif	ad as representa	ative of the employees. The	Petitioner alleges that	the following	ng circumstances exist and	
2a. Name of Employer		2b.	Address(es) of Establishmen	nt(s) involved (Street and			
Apicha Health Care Center		400	Broadway, New York	, NY 100013			
3a. Employer Representative - N			3b. Address (If same a	is 2b - state same)			
Karen Bradunas, Director o		S	same			And the second s	
3c. Tel. No. 646-884-5381	3d. Cell No.		3e. Fax No.	100	f, E-Mail Add		
	mine wholeseled state	Ab Dringlant	I and a second			@apicha.org	
4a. Type of Establishment (Factory, Community Health Clinic	, mine, wholesaler, etc.)	Health Care	product or service		5a. City and State where unit is located: New York, NY		
5b. Description of Unit involved		· ·	<u> </u>		Treew 1	1 6a. No. of Employees In Unit:	
	ine, including per alem," ampleyo	es employed by the E	Employof.		041070070200	Approximately 90	
Excluded: All other employees, managerial and confidential employees, guards, and supervisors as defined in the Act.					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes 7 No		
Check One: 7a. Requi	est for recognition as Barg	aining Represer	ntative was made on (Date)	and I	Employer de	clined recognition on or about	
H —		(If no reply recei					
	The state of the s	AND DESCRIPTION OF THE PERSON NAMED OF THE PER	Representative and desires	certification under the A	ct,		
8a. Name of Recognized or Certif None	led Bargaining Agent (II	none, so state). 8b. Address				
8c, Tel No.	8d Cell No.		8e. Fax No.	8f, E-Mail Ad		dress	
New Property Control	YOUNG SEARCH CALL				STATE OF THE CASE	NACO 95 CO.	
Bg. Affiliation, if any			-8h, Date of Recognition or Certification 8i, Expiration Date of Current Contract, if any (Month, Day,			Date of Current or Most Recent ny (Month, Day, Year)	
9. Is there now a strike or picketing	at the Employer's establis	hment(s) involve	ed? No If so, approx	ximately how many emp	lovees are p	articipating?	
(Name of labor organization)							
					entatives ar	nd other organizations and individuals	
known to have a representative inte					ornalives ar	o other organizations one materials	
10a, Name	10b. Ad	dress		10c, Tel. No.		10d, Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB	conducts an election in th	s matter, state y	our position with respect to	11a, Election Type:	✓ Manual [Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s):	1 11c. E	ection Time(s):		11d. Election Location(s):			
12/5/18		n to 10:30 am,	3 pm to 6 pm	Room 6 in the basement of the Employer's facility			
12a. Full Name of Petitioner (Incl.) 1199 SEIU United Healthcare Wo		12b. Address (street and number, city, state, and ZIP code) 330 West 42nd Street, 15th Floor, NY, NY 10036 attn: Rafael Justo					
12c. Full name of national or internet Service Employees International U		of which Petition	ner is an affiliate or constitue	nt (if none, so state)		,	
			12f. Fax No.				
TOWNS CONTROL WAS				rafael.justo@1199.org			
13. Representative of the Petition	74	12 12					
13a. Name and Title Jessica	E. Harris, Esc	1.		nd number, city, state, and		NY 10003	
Gladstein, Reif, & Meginniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003 13c, Tel No. 13d, Cell No. 13e, Fax No. 13f, E-Mail Address							
212-228-7727			212-228-7654		arris@grmn	y.com	
I declare that I have read the abo	ve petition and that the	statements are	true to the best of my know	wiedge and belief.	NOTE AND DESCRIPTION		
Name (Print)	Signature	10	Title		Date		
Jessica E. Harris WILLELL FALSE ST	ATEMENTS ON THIS DE	TITION CAN B	Altorney E PUNISHED BY FINE AND	IMPRISONMENT (ILE	11/16/18	E 18 SECTION 1004)	
WILL OF LWFOE OI	ALTERNATION OF THIS PE	THE PROPERTY OF	- I DINIDITED DI LINE AND	WILL WISCHAMELL IN'S	JULE, III	LE 10, SECTION 1001)	

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

NOV 1 6 2018

BY:

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 2-RC-231626

Date Filed 11/27/18

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov; submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on

	RC-CERTIFICATION OF RE	PRESENTATIVE -	A substantial number of et the employees. The Petit	mployees wish	to be repres	sented for purposes of collective owing circumstances exist and		
requests that the National Labo 2a. Name of Employer: USIC/RECONN	or Relations Board proceed	2b. Address(es) o	authority pursuant to Ser of Establishment(s) involve Blvd. Suite 3 Hau	d (Street and	number, City.	, State, ZIP code):		
USIC/RECONN		100 Marcus	Biva. Suite 3 Hau	ppauge, N	111/00			
			Address (if same as 2b - state same): me as above					
3c. Tel. No. 800-262-8600 .	3d. Cell No.	3e. Fax No. 631-328-0249			3f. E-Mail Address			
4a. Type of Establishment (Factory,	mine, wholesaler, etc.)	4b. Princ	ipal Product or Service		5a. City and	d State where unit is located:		
5b. Description of Unit Involved: Included: Utility Gas Contractor Excluded:					87 6b. Do a su	er of Employees in Unit:		
Clerical, Supervisors, and					represe	employees in the unit wish to be ented by the Petitioner? X Yes No declined recognition		
on or about (Date) 7b. Petitioner is cui 8a. Name of Recognized or Certific	mently recognized as Bargain			under the Act.				
8c. Tel. No.	8d. Cell No.	8e. Fax I	No.	8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any:		6h. Date of			Expiration Date of Current or Most ecent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a (Name of Labor Organization) 10. Organizations or individuals other		÷		, has picketed	the Employe	s are participating? er since (Month, Day, Year)		
individuals known to have a repre						•		
10a. Name None	10b. Address				No. 10d. Cell No.			
					0.	10f, E-Mail-Address		
11. Election Details: If the NLRB co	inducts and election in this m	atter, state your pos	sition with respect to any s	uch election:	11a. Election			
11b. Election Date(s): Any Monday through Fric	day 9:00AM th	11c. Election Time(s): 9:00AM through 3 PM			TBA. The group meets in public parks in NY			
12a. Full Name of Petitioner (include Robert Mahoney Utility V			12b. Address (street an 217 Ponderosa I	or Hanove	y, State and Z er, MA 02	ZIP code): 2339		
12c. Full name of national or internati	ional labor organization of w	hich Petitioner is an	affiliate or constituent (if r	none, so state,	: .	RECEIVED		
12d. Tel. No.	12e. Cell No. 781-858-1972			12g. E-Mail Address				
3. Representative of the Petitione 3a. Name and Title: Robert Mahoney Director U			rposes of the representa ress (street and number, o			NOV 2 7 2018		
3c. Tel. No.	13d. Cell No. 781-858-1972	13e. Fax	No.	13f. E-Mail	Address,			
declare that I have read the above						The state of the s		
Name (Print) ROBENT MAHO	signature Ru	200	mon !	Direc	tor U	WUA 11/23/18		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
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